



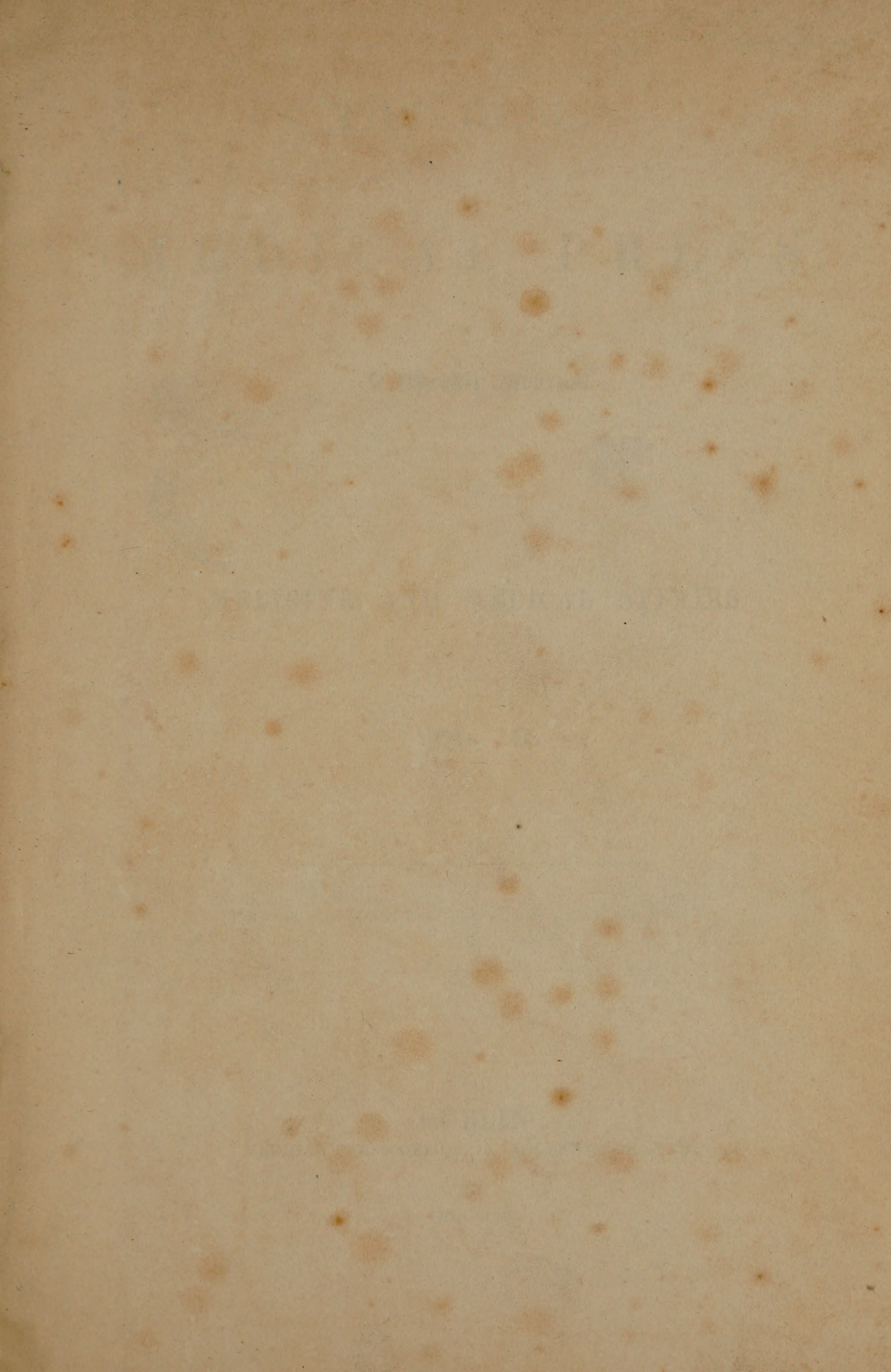
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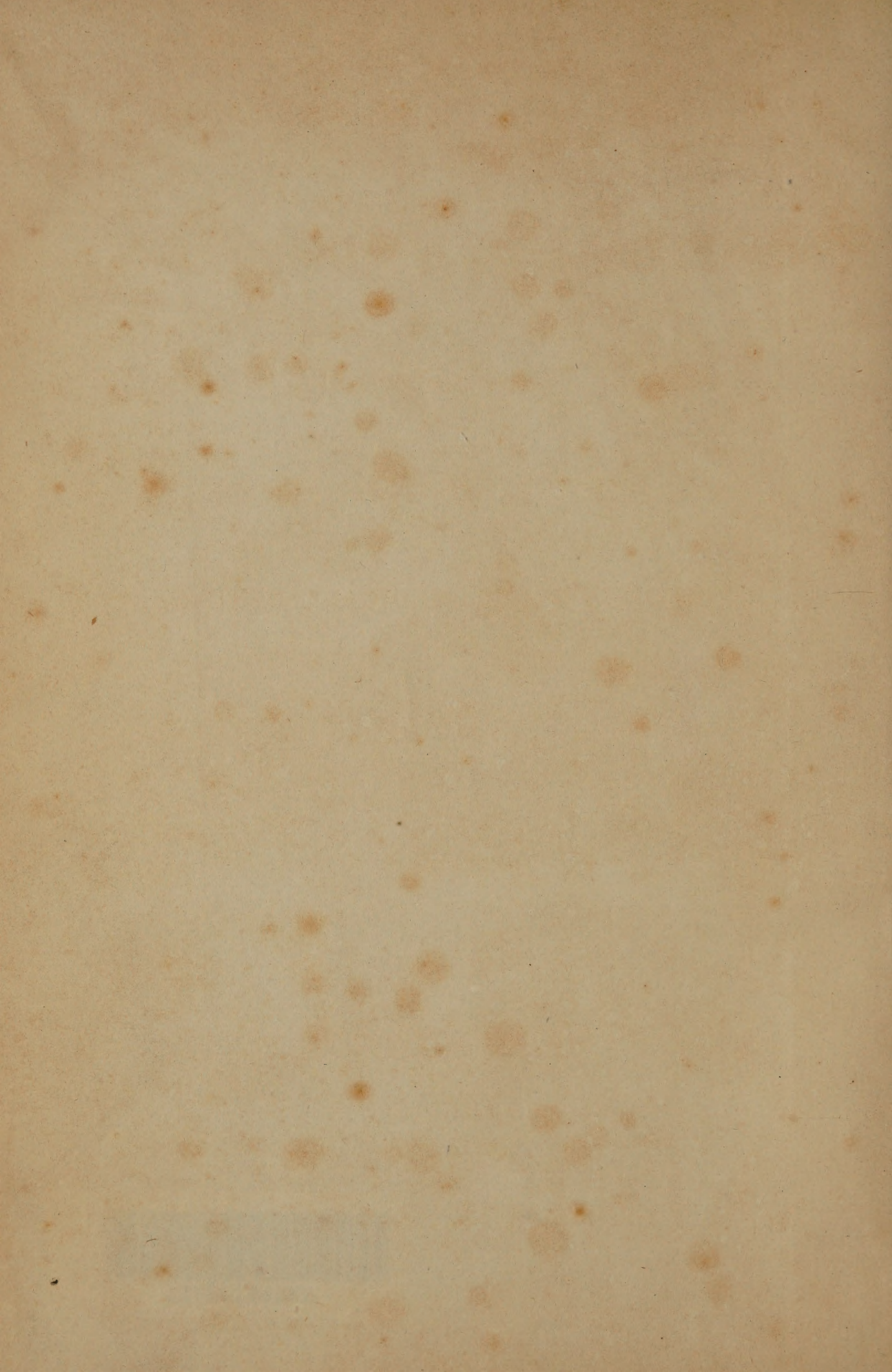


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*Edm. Sharkey*

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE I.—SCROFULA.

*Etymology of Scrofula—Inflammation of, contrasted with Phlegmonous—Constitutional Symptoms of—Signs of Derangement of the Digestive Functions—Organs most liable to be affected—Identity of Scrofulous Tumours and Tubercles considered.—Causes of Scrofula:—1. Congenital weakness transmitted from Debilitated Parents, and close intermarriages—2. Cold, moist, or vitiated air, deprivation of direct solar light considered as a cause—3. Unwholesome Diet of an ascetic tendency—4. Deprivation of Exercise.—Effects of active exercise on the lungs, liver, intestinal canal, and skin considered—5. Erythematous diseases—Treatment of Constitutional, Treatment of Local Symptoms.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—If you expect to hear from me an introductory lecture, in the common acceptation of the term, I fear you will be sadly disappointed; for though I consider an introductory lecture to a course on general anatomy and physiology, or on the theory of physic and surgery, may be useful and even necessary, yet I am quite of a different opinion when we come to the practical working of an hospital, and the patients themselves, with illustrations of their complaints by means of drawings, casts, and morbid preparations are submitted to your inspection and close examination. As I did not propose to commence this course with a flourishing introductory, I preferred meeting you at our usual early hour of clinical instruction, to a later one, with the view of congregating around me idle or curious persons, who are fond of those kind of exhibitions.

I shall commence these lectures with the numerous affections included under the vague and indefinite term *scrofulous*—then proceed to the consideration of the extensive and malignant family of *cancerous diseases*—and conclude with that of the varied and pro-

tean forms under which *syphilitic complaints* present themselves to our observation. When you are tolerably acquainted with all that is known of those three great classes of human infirmities, each of you may assume the Manx Arms of three legs, and the motto, *quocunque jeceris stabit*, to which I might add, by way of encouragement, *vires acquirit eundo*—for you will then be supported on three legs that will improve by exercise, and carry you ably through every quarter of the globe.

The word *Scrofula* is a vague term derived from *Scrofa*, a sow, from an analogy or resemblance which this disease is supposed to have to an affection to which this animal is subject, known to victuallers by the name of measles. It is characterised by numerous small tumours, felt under the skin, and from which even the muscular flesh of this animal is not exempt. These diseases are not, however identical; for it is now well known that the tumours found in the brute are small parasitic animals of the *cystocercus* species of hydatid, each contained in its proper cyst. It is a curious fact, however, that these parasites have never been found in the animal in its wild state—a fact, which, with multiplied similar observations on the *post mortem* examination of animals which have died in menageries, and which are usually found infested with hydatids as well as tubercles, tends strongly to prove that the privation of liberty and consequently of that unrestrained enjoyment of exercise natural to all the mammalia, is a source of the most incurable and malignant maladies to which they are subject. The disease in man under consideration, has also been called *Struma*, from *struo*, to heap up, because there appears in scrofulous tumours, such an accumulation of morbid masses. The term *scrofula* and *struma*, when used adjectively, are also constantly employed to designate a tendency or predisposition to this disease, and it is generally thought that a fine fair skin, light hair, and blue eyes, are the peculiar characters of those predisposed to scrofula. But grant-



ing this to be the case, it is equally true that there are multitudes assailed by this disease of the very opposite appearances; and when we come to consider the causes of scrofula, we shall then find that the disease must necessarily be found amongst persons of every complexion and temperament.

I shall not attempt to define the disease termed scrofula, as scarcely two practitioners are agreed respecting its specific characters, and it is a common practice to call every chronic tumour or ulcer scrofulous, which is of a doubtful nature, and has not the decisive characters of some other disease;—so that a complaint is pronounced to be scrofulous as often from its negative as from its positive qualities. Thus, a scrofulous tumour has more or less the characters of phlegmon: heat, redness, and pain on pressure, and the less it possesses of those signs of phlegmonous or common inflammation, the more it approaches the nature of scrofula; and, *vice versâ*, the more it partakes of them the nearer it is to phlegmon. When suppuration occurs, the same observation equally applies. For the more the secretion shews the appearance and characters of healthy matter (compared justly to cream,) so much the more is the case manageable, and so much the more may our prognosis of the result be favourable;—while, on the other hand the more the secretion varies from the above to that which is aptly compared to curds and whey, the more obstinate and unmanageable is the disease likely to prove. The same with respect to ulcers:—the more they partake of the appearance of a healthy suppurating wound, or phlegmonous abscess, characterised by firm round granulations, the more manageable the case;—while the more the ulcer presents a loose flabby, smooth, fungus-like surface, aptly compared to raw flesh, the greater difficulties we will have to contend with in bringing the case to a favourable issue.

With regard to the general seat of scrofula, you will find that the lymphatic glands of the neck are the parts most frequently affected—next the mesenteric glands. But when the disease arises from diet of an injurious, bad quality, (of which I shall speak more at large when we come to consider the causes of scrofula,) inducing an irritable state of the mucous membrane of the intestinal canal, I should think it probable that the mesenteric glands are the first affected, but this I merely throw out as a matter of opinion. Next in order as most liable to the disease, are the various joints, or the spongy heads of the bones—then the eyes, which are liable to an inflammation of marked and definite character, attended with much intolerance of light, and a tendency to the formation of pustules, terminating in ulcers. Enlargement of the tonsils is another feature of the disease, which frequently indicates the strumous constitution, when no other characteristic symptom is present. In scrofulous constitutions the mucous membrane everywhere generally shews a morbid disposition. In the intestinal canal it is indicated by the various symptoms of dyspepsia, which scrofulous children almost constantly evince—such as a foul tongue—offensive breath—chronic inflammation of the mucous membrane of the nares, often followed by ulceration, *ozena*, and exfoliation of the bones of the nose, and fistula lachrymalis.

The mucous membrane of the fauces also frequently presents a sub-inflamed appearance accompanied by chronic enlargement of the tonsils. Along with these signs of a morbid mucous membrane, we have also the tumid belly, frequent griping pains, and irregularity of bowels, accompanied with unhealthy and vitiated discharges, sometimes of a light clay, and sometimes of a dark green or black appearance. Even the mucous membrane of the bladder and urethra of

scrofulous children often shews the same morbid disposition. This is sometimes so much the case, that the inflammation is followed by a discharge from the urethra of purulent-looking matter, with frequency of micturition; so that nothing but the extreme youth of a schoolboy has often, to my knowledge, been his only protection against the suspicions of his preceptor or parents that he had contracted a venereal complaint. One sad instance of this kind comes to my recollection, in which the boy, not twelve years of age, was sent home from school to his parents under this imputation—but his innocence, and the ignorance of the country practitioner who pronounced the running to be a venereal gonorrhœa, were amply substantiated afterwards by the obstinate nature of this affection of the urinary organs, which, unfortunately, ended in death, when an examination disclosed a diseased and ulcerated state both of the bladder and kidneys. This boy belonged to a very delicate family, remarkable for being martyrs to gout.

In fact, gentlemen, there is no part of the frame free from the visitation of scrofula. The brain, for instance, is subject to the formation of scrofulous tubercles, such as I now shew you.—[Here Mr. C. shewed some preparations and excellent drawings of tubercles in the brain.]—The immediate cause of death, in one of these instances, was hydrocephalus. The effusion, no doubt, caused by the irritation of the tubercles. But scrofulous children are, independent of such causes, particularly liable to water on the brain. Here is a preparation of two scrofulous tubercles of the spinal cord where it is contained in the lumbar vertebræ: the patient became paralytic in his lower extremities, and the mucous membrane of the bladder became inflamed, thickened, and diseased, as you see by this preparation of it. It is curious and remarkable how frequently the bladder becomes diseased, in consequence of morbid affections or injuries of the lumbar portion of the spinal cord. I am in the habit of attending a family, in which scrofula, in all its varied forms, is most prevalent: the father died of diseased bladder and kidneys: two of his family died in lunatic asylums: another I attended for paralysis of the lower extremities, depending upon some affection of the spinal cord, but from which she recovered after a year's confinement to the recumbent position. She soon afterwards, however, shewed symptoms of phthisis pulmonalis, of which she ultimately died before the age of one and twenty: a fourth is subject to catarrhus vesicæ: and a fifth to stricture of the rectum. In this detail I have not mentioned the more characteristic signs of scrofula to which this family are subject, contenting myself with pointing out those which indicate disease of the nervous and mucous systems. The lungs we know are more liable to tubercles than any other part of the body. Dr. Carswell, who seems to lead the opinions of medical men on this subject, in Great Britain at least, says that these tubercles, the efficient cause of pulmonary consumption, are identically the same bodies as those scrofulous tumours which form in the lymphatic glands and in every part of the body. This, however, is, in my opinion, a very questionable position: for, were pulmonary tubercles identical with acknowledged scrofulous tumours, we ought to have phthisis pulmonalis more prevalent before the age of puberty than afterwards, when scrofula is confessedly so. Again, we witness every day pulmonary tubercles in persons who never shewed any symptoms of scrofula. Scrofulous glands can be injected, the injection pervading every part of them, with the exception of the curd and whey-like matter, or imperfect pus secreted by these sub-inflamed tumours—not so tubercles. Look at this preparation of a tuberculated



lung—you see the entire parenchymatous substance red with the injection, while not a particle has passed into the numerous small, round, compact, miliary tubercles which are scattered through its structure. Dr. Stark, a young English physician, whose posthumous works were edited by his friend, Dr. Carmichael Smith, was the first to discover this important fact, respecting pulmonary tubercles, long before the French pathologists rung the changes on it afterwards. Look at these other admirable preparations and drawings illustrating the same facts. Again—Dr. Carswell and his followers urge that inflammation has nothing to do with the production of tubercles, (a position in the truth of which I perfectly agree,) and that when inflammation occurs, it is a consequence not a cause of tubercles: but all must, at the same time, acknowledge that scrofulous tumours of the lymphatic glands near the surface, under our cognizance, are preceded and attended with the signs of a sub-inflammatory process. Scrofulous tumours under our observation, near the surface, have nothing analogous in their commencement to the semi-transparent vesicular appearance which tubercles present so frequently, and so well described by Laennec, which vesicles afterwards become opaque and hard by evolutions natural to them and other hydatid productions: they then soften and become changed at length into a matter of the appearance of putty, consisting of animal matter mixed with phosphate and carbonate of lime. Now, there is nothing analogous to these evolutions and changes in the progress and termination which scrofulous tumours undergo. All I contend for is this—that the medical profession have, to say the least, been too rapid in adopting the proposition, that pulmonary tubercles and scrofulous tumours are identically the same. But, while I oppose this generally received proposition, I am perfectly willing to admit that those who suffer scrofula in youth are most prone to phthisis pulmonalis in adult age. But the same relation is observable between scrofula and cancer; and I have as good a right, therefore, to insist upon the identity of these two very distinct and different diseases, but which is by no means my intention.

The mesenteric glands are particularly subject to scrofulous affections. The tumid belly—the swelled upper lip—the wasted flesh, although the appetite is often ravenous, and the irregular state of bowels, constipation, alternating with diarrhoea, together with the vitiated excretions sufficiently indicate the affections of those glands, of which these excellent preparations and drawings will afford you a very adequate perception.

The liver and spleen are, in general, found diseased in those who die of scrofula—simple enlargement, with change of colour to a light ashy hue, indicate the usual morbid changes; but sometimes scrofulous tumours are found in these organs of which these preparations are excellent samples.

When I first entered into the profession, scrofula was universally ascribed to an hereditary poison, or acrimony transmitted from parent to child, and it was equally the opinion that cold sea bathing afforded the only means of combatting the disorder thus induced. These opinions, I believe, are now rejected by the greater part of the profession, with the exception of the most antiquated of our brethren. No doubt numbers come into the world predisposed to the disease; but these are the children of sickly or debilitated parents, no matter from what cause their debility may have arisen.

Thus, the offspring of the valetudinarian—the dissipated debauchee—the drunken sot—or the old gouty man of pleasure, may be esteemed predisposed to scrofula. Even the children of old men, though

healthy, appear to be in this predicament. A few years since, I was consulted on account of two children, a boy and a girl, under ten years of age—the one had caries of the vertebrae—and the other hip-joint disease in its second stage. The lady under whose care they were, who was herself apparently fifty years of age, told me that these children were her brother and sister—seeing some surprise in my countenance, she added, but by different mothers. My father, when eighty years of age, thought proper to marry a second time. The family he had by his first wife are, like myself, all stout and healthy, (indeed she appeared the very personification of stoutness,) while the family he had by his second wife, like those you see before you, are all mere sickly blights. I then inquired if the mother of the latter was healthy, and was told that she was a remarkably fine healthy looking woman, and nursed these children herself—the inference is obvious.

But there is another circumstance which may occasion an hereditary or congenital claim to this disease, in which the human race is obliged to submit to the same law that governs all organized beings, not only in the animal but vegetable kingdom. I allude to that law which ordains the necessity of avoiding frequent and close intermarriages: they are, in general, followed by a puny race, and scrofula, in one shape or another, seems to be the punishment inflicted for this breach of the organic laws. Hence the more frequent occurrence of this disease amongst the privileged orders in society; and even crowned heads themselves seem, above all others, to suffer by their neglect of a law which was made equally for them as for the humblest individual upon the earth.—Strange to say, we pay the utmost attention to this law of organic life where our domestic animals are concerned, by *crossing the breed*, as it is usually termed, with a view to their improvement; but neglect it ourselves, although aware of the severe punishment it entails in the infliction of a sickly and puny offspring.

Sir Astley Cooper, who seldom errs in his opinions, considers truly that scrofula is a disease of debility; and now I shall proceed to state the other causes of this malady, independent of those of a congenital nature:—

In 1810, I published a small essay upon this disease, in which I dissented from the generally received opinions, that then prevailed, respecting the hereditary nature of scrofula, and considered a cold, moist, or vitiated atmosphere, unwholesome diet, deprivation of exercise, and that class of infectious diseases termed exanthemata, as causes of this disease.

With respect to atmosphere, it is observed that scrofula is not prevalent in either very hot or very cold countries, if dry—it is most prevalent in the temperate climates between 45 and 60 degrees of latitude—that the inhabitants of large cities and towns, particularly manufacturing ones, such as Birmingham and Manchester, are more subject to the disease than the rural population engaged in agricultural pursuits: that the inhabitants of this city were particularly subject to it from a combination of the causes assigned for its production—viz., a cold damp atmosphere, from its low situation, rendered still more unwholesome by being vitiated with the filthy state of the habitations of the poor—their wretched diet consisting chiefly of potatoes, tea, and whiskey, together with want of due clothing, firing, and other comforts. Taking a hint from these facts, respecting the injurious consequences arising from a damp impure atmosphere, we should attend much more than is the habit to the situation and ventilation of school rooms and nurseries. The latter in these countries are usually placed in the attic story, and are, consequent-



ly, recipients for all the foul air of the house, which ascends. If it is inconvenient to have them in other parts of our dwellings more suitably situated, I would beg to suggest, as a matter of easy accomplishment, the exclusion of this vitiated air, in a great degree, by a partition and a door with a closing spring: while, at the same time, ventilation can be preserved by the admission of air from the roof of the house on the system practised by our ingenious and scientific townsman, Dr. Meyler.

Solar light has a powerful influence in promoting the health and development of all organized beings, both of the animal as well as vegetable kingdoms. In the latter its influence is universally acknowledged: in the former it is sufficiently proved by the pale wan blanched appearance of the inhabitants of the close, narrow, confined lanes and alleys of cities, into which the rays of the sun are seldom directly admitted, or only for a very brief period of the day, as well as by those of the deep and narrow defiles of vallies of mountainous tracts, as is too well proved in those of the Alps and Pyrenees, which abound with a poor, pale, stunted population, amongst whom are found those miserable beings termed Cretins, deformed in body, and idiotic in mind. While their brethren who inhabit the upper parts of those very mountains, using the same diet, and drinking the same water, are a healthy people, free from those debasing ailments.

The obvious inference from these facts is, that during the development of the frame in youth, solar light, as well as pure air, is essentially necessary to health, and that the want of these is followed by general ill health, and local diseases proportioned to the extent of the deprivation. Hence the necessity of cheerful, light, airy nurseries and school rooms.

2d. Improper diet is one of the most frequent causes of scrofula. It is curious to observe how admirably nature provides for the infant's wants in the progressive changes which the mother's milk undergoes. During the first two or three days after the birth of the infant, it is purgative, by which the meconium is discharged. For the next two or three months it contains a large quantity of phosphate of lime, in order to favour the osseous development in the infant, which, if more perfected at birth, would render parturition the more difficult. It then gradually becomes more nutritive, and is found to contain a greater proportion of curd. From this we learn the impropriety of giving to an infant any other nourishment than that which nature thus carefully provides for its successive wants; and, secondly, the impropriety of giving an infant the milk of a nurse not adapted to its age. Cow's milk is a most unfit substitute until after the sixth or seventh month, as it contains too large a proportion of curd, and is much disposed to run into the acetous fermentation, and thus becomes sour: while the human milk is remarkable for being little subject to fermentative changes. If necessity compels the mother to seek for a substitute, let it be ass's milk which contains a large proportion of phosphate of lime, and is not so liable to sour as cow's milk.

It may be useful, however, to observe, that the latter loses much of its tendency to the acetous fermentation by being boiled, and, therefore, if substituted, it ought to be thus prepared, and diluted with water. Query, if given to very young infants, might not the addition of a small proportion of carbonate of lime, or prepared chalk, be useful, not only in counteracting acidity, but in affording one of the ingredients for solidifying the bones? The period of weaning is almost always one of illness, and even of danger, to infants; for, if not conducted with great discretion, the change of diet from breast-milk to

spoon-feeding is attended with irritation of the bowels, which, independently of the loss of flesh and emaciation which are sure to follow when continued for any length of time, occasions morbid affections of the mesenteric glands, which are quickly succeeded by inflammation of the lymphatic glands of the neck and elsewhere. I say inflammation, for about the weaning period infants are very liable to inflammation in these glands, which, from the acuteness of the attack, and its rapid termination in suppuration of a healthy description, evinces much more of the phlegmonous than of the scrofulous character.

As the child advances, farinaceous food is best suited to its constitution. Animal food, in small quantities, only every second day, may be given; but, if allowed according to the wishes of the generality of children, it will be found too stimulating. In order to induce children to live chiefly on farinaceous food, I always encourage parents to allow them butter with their bread, against which there is an ignorant and foolish prejudice. Potatoes, which contain much farina, are good for healthy strong children; but delicate children, the offspring of unhealthy or sickly parents, do not thrive on them like those of our hardy peasantry, and it is observed that they pass through the bowels of such, undigested. Green esculent vegetables, in my opinion, should never be given to children, or any diet that has a strong tendency to the acetous fermentation, or is of difficult digestion.

Some years since I had a very melancholy but convincing proof of the effects of this kind of diet in producing scrofula upon five or six hundred children, in the House of Industry, of all ages, from a year old to puberty. The diet of these children consisted of coarse brown bread, stirabout, and buttermilk, in general sour for breakfast and supper—of a mixture of potatoes and esculent vegetables (either cabbage or greens) for dinner—and sour buttermilk again for their drink. They were confined to their dormitories and school-room, of insufficient extent for their number—there being no play-ground for the children, consequently they were deprived of that exercise so natural and necessary for the development of the frames of young animals, and which might have enabled them to digest, in some degree, their wretched and unwholesome diet. Under this cruel mismanagement they lost all spirit for exercise or play; and, on visiting the rooms in which they were incarcerated, the air of which was impure to a degree only to be compared to that of jails of former times: these wretched little beings were seen squatted along the walls of their foul and noisome prisons, resembling, in their listless inactivity, an account I have somewhere read of savages met with in Australia—their faces pale and bloated, and their stomachs, as they sat, nearly touching their chins. That destructive disease, *can-  
crum oris*, was also prevalent amongst them, and made such rapid progress that, in a few days, the sphacelus usually extended to the integuments of the cheek. I have no doubt but that this malady originates from an atmosphere vitiated by animal effluvia. On a closer examination of these children, it was found that in general the upper lip was swelled, the tongue foul, or sometimes of a bright red, (indicative of acidity of stomach)—the breath offensive—the nostrils nearly closed by the swelling of the mucous membrane—the abdomen tumid and tense—and the skin dry and harsh; but that which most appertains to my present subject, the cervical glands were more or less swelled and tender; and I am within bounds when I assert that nearly one half of those unhappy children had thus the characteristic signs of scrofula in their necks. Now, here is a detail of facts, equal to an experiment on a grand scale, to ascertain how far bad diet, im-



pure air, and deprivation of exercise, may be productive of scrofula.

From some observations I have made on other Institutions, for instance St. Thomas's Parochial School, and the Bethesda School, about the same period, to which I was then medical attendant, I came to the conclusion, that depriving children of that active exercise in the open air, which is so necessary to their health and development, is almost as injurious as improper nutriment. Let a healthy child have sufficient exercise, and his powers of digestion are so sharp, that he will perhaps assimilate the most inappropriate diet: deprive him of his liberty, and his nutriment will remain undigested, and occasion all the symptoms I have mentioned—otherwise, the majority of the children of our poor would become scrofulous. But with respect to the facts relating to scrofula, developed by the two schools just mentioned, as detailed in my essay on this disease, they are briefly these:—The children of both schools were fed, clothed, and taken the best possible care of, with this exception, that from the want of play-grounds, they were prevented from the enjoyment of active exercise; and, although free from disease at the time of admission, near one-third of their number was found exhibiting the symptoms of scrofula. They were marched out, no doubt, when the weather permitted, once a day, in a sober funeral-like procession; but let no person imagine that such dismal, boarding-school exhibitions, are sufficient for the health of children.

The utility of exercise is felt by all; but it is still more needful for the child than the adult. The quantity of food necessary for a growing child is comparatively much greater than that required for an adult, and the liver is, therefore, proportionally larger. The secretion of bile is not only useful in eliminating some of the worn-out materials of the frame, the retention of which would be injurious, but, in furnishing an agent necessary for the assimilation of the fresh materials, which is perfected chiefly in that second stomach, the duodenum, by the means of this secretion, in conjunction with the pancreatic juice. Without exercise, the languid venous circulation of the liver would proceed in a very inefficient manner—functional would soon be followed by organic derangement, not only in this organ, but in the lungs and entire system. The action of the diaphragm and abdominal muscles during exercise exerts a powerful influence upon the respiratory and digestive organs in the promotion of their several functions. Exercise also excites the action of the vessels of the skin and kidneys, and promotes the secretion of urine and perspirable matter. These secretions are naturally acid; so that, if the uric and other animal acids, which may be considered as the exhausted materials of the frame, are not thus eliminated from the system, they will be thrown in upon the intestinal canal—derangement of the digestive functions will consequently ensue, and the general health be deteriorated.

The last process which the chyle undergoes to assimilate it to blood is performed in the lungs, by the changes induced in it on exposure to atmospheric air. The quantity of blood thus exposed in a given time to the air will depend upon the extent of exercise of the individual, on which account, perhaps, this is the most cogent of all reasons why the active disposition of children to exercise should not be restrained or prevented. They swallow far more nourishment, in proportion, than adults, and, therefore, require far more exercise.

The exanthemata, amongst which I include measles, scarletina, small pox, and syphilitic diseases, are frequently followed by chronic enlargement, and suppuration of the lymphatic glands of the neck. Whether this affection constitutes that indefinite disease termed

scrofula, I shall not take upon myself to determine. The opinions of our predecessors were, that these diseases were the exciting causes of scrofula, which they considered to be lying latent in the system, until thus brought into action. There is no doubt but that considerable derangement of all the functions is induced by these infectious complaints; and experience has shewn the utility of the exhibition of frequent aperient medicines after their respective eruptions have disappeared, as well as the necessity of paying great attention to the general health.

And now, gentlemen, after having laid those strong and indubitable facts before you respecting the various causes of scrofula, and although in our present state of knowledge it may be impossible to explain the entire chain of morbid actions, and the precise manner in which one hangs upon another, yet, I trust that I have produced sufficient evidence to induce you to come to the same conclusion I did thirty years ago, viz., that scrofula is not owing to any taint or virus, but that it arises from those various causes which weaken and impair the general health; and, therefore, I contend, that if the healthiest child, born of the healthiest parents that ever existed, were exposed to the combined influence of bad unwholesome diet, cold moist air, and deprived of exercise, these causes, exclusive of any other, would inevitably produce the symptoms of scrofula.

Having laid before you my views respecting the true and actual nature of this disease, we are now prepared to consider the most appropriate means to combat its various symptoms. When you are consulted about a case of scrofula, endeavour carefully to trace it to its efficient causes. Do not depend upon specifics, as is too generally done, for the cure of the disease, but apply yourself to improve the general health. If the child be living in the city, send him, if you can, to the country, particularly to the sea-side, but avoid any low marshy situation. If the disease appears to depend upon original weakness, derived from the parents of the child, and that you have reason to suspect a disposition to tubercles of the lungs, send him to a warm dry climate, if his parents are in circumstances to afford it, before there are any certain physical signs of the presence of tubercles, for then it will be too late; and let not any mean consideration of your own interest prevent you from giving this timely advice. Pay great attention to the sleeping room of your patient: see that it is large, well-aired, and that foul air is as much as possible excluded: attend particularly to his exercise—let him live as much as can be conveniently done in the open air: due attention to clothing will prevent him from catching cold; but it is far better to run the risk of cold than to incur the penalty which inaction within doors is likely to inflict on such a constitution. Every kind of active exercise should be encouraged, but particularly gymnastics, by which all the muscles in the body can be brought successively into action; and in this city we have for this object the *prudent and scientific* instruction of M. Huguenin, from whose aid I have derived the greatest advantage in the treatment of delicate children, but particularly when affected with lateral curvature of the spine. With these attentions to the education of the body, plenty of time will be left for that of the mind. Let strict attention be paid to diet: urge upon the parents of the child the advantage of encouraging the consumption of farinaceous nutriment above that of all others, by which less of animal food, which may be too stimulating, will be required. The latter may consist of plain roast or boiled fresh meat, without pastry or esculent vegetables—as to drink, plain water is the best. I look upon wine, or fermented liquor of any kind, as too stimulating for such constitutions, and therefore in-



jurious. If the liver is not performing its duty, as may be indicated by the pale or dark appearance of the excretions, give twice or thrice a week small doses of blue pill or mercury with chalk, at night, followed in the morning by the salts and senna mixture, or the *compound decoction of aloes*, which last, when well prepared, is an excellent aperient in such cases. As to tonics, some recommend bark, and some the preparations of iron. I never saw any benefit from either, but often much mischief, by their interfering with the secretions. We have a safe and useful medicine in sarsaparilla, the infusion of which in lime water, given in such doses as will agree with the child, is decidedly useful: besides, when sweetened with liquorice root, or blended with boiled milk, children will drink it without repugnance.

Iodine, in small doses, is often found useful; but its efficiency in scrofula has been much overrated.—The hydriodate of potash may be given conveniently to children, combined with decoction of sarsaparilla, from two to four grains, in from two to four ounces of the decoction twice or thrice a day; or pure iodine may be exhibited with double the proportion of hydriodate of potash, dissolved in distilled water, and blended with a large quantity of syrup. From quarter of a grain to one grain may thus be taken in the day. Iodine lotions to scrofulous tumours are also much extolled—these may be conveniently made by diluting from one to four drachms of tincture of iodine in a pint of distilled water. Iodine ointment may be made by mixing a drachm of pure iodine with an ounce of lard, of which about a scruple may be rubbed on the part affected, every night. But although I mention these medicines, recollect that your chief hope of benefitting your patients rests upon due attention to air, exercise, and regimen. There is one remedy, however, upon which much reliance is placed, which had nearly escaped my recollection, to notice. I allude to cold sea-bathing, which, not long since, was so popular, that reliance was placed upon no other; and all descriptions of scrofulous children, no matter whether weak or strong, were promiscuously and unmercifully immersed in the ocean. This indiscriminate application of a useful remedy was productive of much mischief; for, if the child had not sufficient powers to cause reaction of the capillaries of the surface, marked by a return of heat and colour, much injury must ensue; therefore, use your discretion in the recommendation of cold or warm bathing—only this, if you advise cold bathing for a scrofulous child, who, from his very disease, evinces want of animal powers, tell his friends to take especial care that he be completely warm when plunged into his cold bath, and that he should be permitted to remain in it only a very short period. But if the child is obviously very weak and feeble, do not, under any precautions, recommend cold; but tepid bathing. A salt-water bath, from the temperature of 80 to 90 degrees, will be of use to any child, no matter how enfeebled; and frictions to the skin afterwards, with coarse towels or flesh brushes, will excite, much to his advantage, the action of the capillary vessels.

Before I conclude, it will be necessary to make a few observations on the local treatment of scrofulous tumours and ulcers, but they shall be brief. As it is a great object to prevent any unseemly mark on the persons affected with this disease, so it is desirable to prevent, if possible, a scrofulous tumour on the neck or face, particularly in females, from proceeding to suppuration. With this view, if there is in the tumour to be treated, more or less of the signs of phlegmonous inflammation; heat, and pain upon pressure, endeavour to prevent suppuration by the frequent application of leeches, and cold evaporating lotions. If there is no increase of heat in the tumour,

or tenderness upon pressure, it is obviously of a very indolent nature, and there can be no use in the above mode of treatment. Our best hopes in dispersing such a tumour will rest upon the external use of stimulants; with this view I employ frequent frictions with the hand for ten or fifteen minutes at a time; abrasion of the skin being prevented by the use of powdered starch—or friction with iodine ointment once or twice a day—or pencilling the part with tincture of iodine—or with the solid nitrate of silver, so as to cause subsequent separation of the cuticle. I place most reliance upon the last of these applications, as I have frequently witnessed even the absorption of fluid, under its use, where suppuration, such as occurs in scrofulous abscesses, had taken place. If suppuration should, however, notwithstanding these means, occur, that can not be dispersed, the great object we should have in view would be to manage, so as to allow as little mark as possible. When scrofulous suppuration takes place, it is from its nature slow, and much redness and disorganization of the skin will occur before the abscess is discharged by the usual process of ulceration; therefore, when I find that the matter must make its way to the surface, I anticipate and prevent the disorganization of the skin by a timely puncture; and although some little mark may, after the healing of the abscess thus treated, remain, yet it will be incomparably less than that which would be produced by the spontaneous process of nature, which usually leaves, in such cases, an unseemly cicatrix and puckered state of the integuments.

In scrofulous patients, we often meet with large chronic collections of matter on the trunk and extremities, which are so extensive as to contain from eight to twenty ounces or more of the curd and whey-like matter. If we open, freely, an abscess of this description, so as to admit the air, so much inflammation in the cyst may arise, attended with high symptomatic fever as will endanger the life of the patient—therefore the greatest caution is requisite. The mode to be followed in such cases is to treat them on the plan recommended by Mr. Abernethy, for cases of lumbar abscess—that is, to draw off the matter by a valvular opening, and then close the puncture by adhesive plaster, and firm bandage so as to compress the sides of the abscess—an operation which ought to be repeated at intervals of eight or ten days, until it is deemed safe to permit air into a cavity now considerably diminished in extent by this management. The consequence of the admission of air into an abscess of this description is, as I have said, inflammation of the cyst. This inflammation induces a thick and healthy secretion of pus, in place of the previous unhealthy matter—but the constitution may be unable to withstand the shock of the means by which this salutary change is induced, and therefore the necessity for the cautious proceeding recommended.

In scrofulous ulcers we find the surface flabby, soft, and fungus-like, instead of presenting the firm, round, small, granulated appearance of a healthy sore. Stimulating applications, such as the red mercurial precipitate ointment—the nitrate of silver applied in substance—iodine, either in the form of lotion or ointment are useful in exciting such ulcers to a more healthy action. But it cannot be expected that any local application can be of much use until the general habit is improved by the means already adverted to.

To the seniors of the profession, who have honoured my lecture this day by their presence, I must, no doubt, appear to have made many trite and commonplace observations; but they were intended merely for my junior hearers—and if I have succeeded in establishing in their minds a total disregard for specific remedies, no matter from what high au-



thority recommended, and have, in their place, confirmed a just and rational estimation of treating this disease, on sound pathological, as well as physiological principles, I shall be happy in having obtained a most important object.

## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. POETER, Esq., one of the Professors of Surgery in the College.

### LECTURE VII.—SUPPURATION.

WHEN our efforts to procure resolution have proved ineffectual, and the disease still progresses, a new process begins to be established within the part, in some respects restorative, in others destructive; but the chief result of which is the formation of a particular animal fluid termed pus: the part then is said to be in a state of suppuration, and if the pus is retained within it, the collection so formed, is termed an abscess. Like every other process connected with inflammation, this may progress with great rapidity, and be soon completed, or the reverse may be the case; and hence we have here the varieties of acute and chronic with all the intermediate stages and degrees, these being determined by the nature and extent of the exciting cause—the peculiar structure engaged—the constitution of the patient, and all those other circumstances which we have already seen exercise such decided influences on the phenomena of inflammation. From the moment that this new operation has commenced a new train of symptoms make their appearance, requiring a different, and sometimes an opposite line of treatment, so that independently of the pathological interest which the appearance, character, and constancy of this fluid must create, there are few of the products of disease, an acquaintance with which is more important to the practising surgeon. He must be aware of the symptoms that precede the formation as well as those which indicate the presence of pus—he must know its sensible, and some of its chemical qualities also—its mode of formation—its uses in the animal economy—the manner by which it makes its approach to the surface, and becomes discharged, if left to the operations of nature: and how we may guide and assist these operations by the judicious application of the resources of surgery. I shall, therefore, direct your attention, on the present occasion, to some of these considerations:—

1. *The appearance and qualities of pus*—Pus has been generally described as a mild, bland fluid, resembling cream in colour and consistence, slightly unctuous when rubbed between the fingers, with a peculiar animal smell, and a mawkishly sweet taste. This description, however, is to be understood as only applicable to pus contained within the cavity of an acute abscess, or formed by a sore in a part otherwise healthy, and in a person of good constitution; for we shall find the same kind of variety in the characters of this fluid that is exhibited in all the other phenomena of inflammation—a variety modified by the tissue or organ in which it is produced, by the constitution of the patient, and by the presence of a specific diathesis in connexion or complication with the original exciting cause. Without entering very minutely into an illustration of this position, it may be suffi-

cient to mention that the matter of an abscess in the brain is generally of a light green colour and thick consistence—of an abscess in the liver, very thick, and, apparently, as if wine had been mixed through it, or the substance of the organ broken down—that the matter of an abscess situated near a mucous canal is, although perfectly insulated, abominably fetid, and very generally mixed with air; and that when there is a diseased bone, the matter is so peculiarly offensive as to be characteristic of the mischief going on beneath. The effect of the constitution in altering the condition of pus, is familiarly known to every practical surgeon. Very often, in the course of twenty-four hours, the discharge from a sore that might be called healthy, as agreeing with the characters above detailed, is changed into a thin, glutinous, and, perhaps, fetid *sanies* of a reddish or dirty colour: or, perhaps, the reverse might happen, and the pus from being unhealthy recover its proper characters: and as the constitution always sympathises with these local changes, either for better or worse, the appearance of the sore often points out the necessity of attending to the general system which might otherwise be overlooked. When there is a serofulous taint in the system, the matter is thin and serous with flocculi of unorganized white lymph floating through it, very much resembling thin whey, with particles of broken curd mixed up with it.

Pus is not supposed to be an homogeneous fluid, but to consist of two constituents, a colourless fluid not very unlike the serum of the blood, and coagulable by heat through which a number of small, round white globules are dispersed. The colour of the matter depends on the presence of the globules, and its consistence on their number; and in proportion to the prevalence of these qualities is the matter deemed to be healthy—that is, furnished by a surface that is disposed to heal.

Pus is specifically heavier than water, and is, probably, about as heavy as blood.

Pus is coagulable by a saturated solution of the muriate of ammonia which no other animal fluid is.

But in the great majority of cases, an investigation, by chemical agents, is perfectly useless: we know that pus is contained within the cavity of an abscess, and found on the surface of a sore, and sufficient of its qualities can be ascertained by the senses to determine whether it is healthy or not. I know of only one occasion in which it might be necessary to submit this fluid to chemical test—namely, for the purpose of determining whether certain expectorations from the lungs, and certain discharges from the urethra, consist of pus or mucus. Pus sinks in water, becomes uniformly diffused through it, as if it had been dissolved, and gives to the entire an uniform white colour. Mucus is not soluble in water, but assumes the appearance of stringy white flakes. The stain of pus on linen is deep in the centre, and is gradually mellowed and softened down at the edges, whilst mucus leaves the broad flat uniform mark without difference between the edge and the centre. There are some other tests supposed to be easily appreciable, but they are now useless, for diseases of the chest are so much more easily determined by the aid of the stethoscope than by such uncertain means, and so little is in this way to be learned of affections of the urethra, that it would be an actual waste of time to dwell upon the subject longer.

2. *The circumstances that precede and attend its formation.* An idea seems to have been entertained, even by John Hunter, of the possibility of matter being formed without any preceding inflammation; but the instances he adduces are those of serofulous abscess which appear without much pain, redness of surface, &c., which are the usual characters of inflammation



but if these be admitted, we must dispose of chronic inflammations altogether, and acknowledge but one form of it—namely, the acute, and but one kind of purulent matter, that which embraces all the qualities, both sensible and chemical, already described as appertaining to this fluid. It is, perhaps, more logical, and more consistent with our observation of the general operations of nature, to refer the formation of pus to the one great generic cause, and to consider the varieties met with as referable to some or other of these circumstances which, as we have already seen, are capable of modifying inflammation to such an infinite extent. If it be conceded, then, that some degree of inflammation must precede suppuration, the next step will be to explain how it is that one of these processes should follow on the other: and, as usually happened, when a subject, extremely abstruse and difficult, came under examination, theory and speculation were always ready at hand to explain that which, after all, cannot be explained, and to satisfy the human mind with the semblance of scientific knowledge. After noticing some of the opinions heretofore entertained, I think I shall be able to shew that at the present day very little is known of the process of suppuration.

I am not so conversant with the older writers as to be able to assign an authority to every opinion, but I suppose that which attributed the formation of pus to a solution or melting down of the solids, must have been pretty generally received from the pains Hunter has taken to overturn it. It evidently had its origin in the observation of the immense size of some cavities filled with pus—cavities which (as it seemed) could only have been formed by a corresponding loss of substance or dissolution of the solids. That such an opinion should exist, says Hunter, is not mere ignorance but stupidity, for the very circumstance of internal circumscribed cavities, as the abdomen and thorax being seen to contain pints of matter, without any breach of continuity in the solids to furnish the material, proves the negative of it beyond controversy. Besides, as pus is found after the opening of an abscess and the discharge of its contents, if furnished by the solids, it should still be carrying them away, and as long as suppuration lasted even in the smallest quantity, the sore ought to be continually enlarging, particularly in depth. These, with a number of considerations equally obvious, would warrant us in passing over the subject without farther remark, were it not for some pathological facts apparently connected with it. I pass by the numerous experiments of putting dead animal matter into the cavities of abscesses, in order to ascertain its loss of weight and size: and the remarks, that sloughs of tendon and pieces of dead bone may be soaking in matter and not be dissolved into pus: because on either side of the question these can only exhibit the operations of pus on dead matter, and as we know that one of the most remarkable properties of a living body is, that it is not subject to the laws of chemical affinity, we can draw no conclusion whatever from them as to the operations of pus on substances endowed with life. Now, though not endowed with a solvent nor perhaps a corroding quality there can be no doubt that it is occasionally an irritant or at least a stimulant, and as such, that it can and does produce a solution of continuity or in other words an open sore.

In a healing or healthy sore, the pus is of a mild, bland quality and as being prepared by nature, doubtless, for some useful purpose is probably the best application that can be made to it: and the practice of wiping away the pus, is not on account of its deleterious properties, but for the general purposes of cleanliness, and to enable the surgeon to observe the condition and character of the wound or sore underneath.

In an unhealthy sore, however, I am not so certain that the discharge is thus innocent, for although, when the sore spreads we cannot prove that it is by reason of an irritating quality in the matter, yet it appears by no means improbable: more particularly as we see that it is capable of producing similar effects on sound and uninjured surfaces. We know not the circumstances that can thus render purulent matter corrosive, for the same kind of matter derived from the same kind of abscess is not always so: for instance, we occasionally find the pus of a tubercular abscess in the lungs, to corrode the air passages communicating with it, whilst in the great majority of cases, it does not. It appears tolerably clear, that an alteration in the general health of the patient can produce this change in the quality of the matter, for we often see after a debauch, or other irregularity which which shall derange the functions of the stomach and bowels, the discharge from a sore becomes thin, acrid, sanious and adhesive, and is capable of irritating and corroding the adjacent surface. The presence of a specific poison in the matter will also occasionally render it corrosive, as it is evidenced by the discharge from a cancer or from gonorrhoea, producing similar diseases, even though applied to sound and unbroken surfaces. The sensible qualities of pus afford us no means of judging of the presence or absence of this corrosive property: the discharge from gonorrhoea being the same in colour, smell, &c., whether it is venereal or not, and indeed, very often the matter which appears to be the most unhealthy is the least corrosive.

Benjamin Bell and Sir John Pringle, supposed pus to be formed by the fermentation and putrefaction of the red globules of blood in the serum, and the latter gentleman details two experiments conducted by himself, which seemed to him to be conclusive on the subject. I only mention the fact to shew what little reliance is to be placed on experiment as illustrative of the operations of the vital principle, for the theory has long been discarded, as well as that which referred to a dissolution of the fat, and a multitude of others equally untrue and unphilosophical.

Pus seems to be formed under two distinct circumstances, one in which coagulating lymph had been previously effused—the other without such antecedent provision. Structure has considerable influence in determining this point, for wherever it would be manifestly injurious to the function of a part that adhesion should take place, lymph is not thrown out, or at least that kind of lymph which is capable of becoming organized, being the medium of union or secreting purulent matter. Hence on the surfaces of mucous canal, when matter is secreted, it is formed at once without any previous effusion of lymph. Still, even with reference to structure, we find such varieties as to set at nought all possibility of generalizing on the laws of disease: for in the cellular tissue, suppuration is usually preceded by the formation of lymph, but occasionally it is not, as in the case of phlegmonous erysipelas, where the matter is diffused far and wide, without limit or controul. We shall have occasion to notice all these cases in detail hereafter, so shall for the present confine ourselves as much as possible to suppuration, as it occurs in the acute phlegmonous abscess.

It has been already stated, that at a very early period of inflammation, lymph is thrown out in considerable quantity—this lymph becomes organised by vessels shooting into it—a small portion of it is then removed by the absorbents and a cavity formed, into which the pus is secreted by the new vessels. According as this is secreted in quantity, the cavity becomes enlarged, and the abscess is formed. It was formerly believed that the first drop of matter was





poured out into one of the cells of the cellular tissue, which became gradually distended and enlarged, and constituted the cyst of the future abscess, but this does not appear to be the case: the wall of every circumscribed abscess is constantly found lined with lymph, which is organised, vascular, and can be injected, and therefore, it is more rational to suppose it to have been formed as just stated, in the lymph and secreted by its vessels. Secretion of pus is a process of organic life in a state of disease and its causes, and the manner in which it is accomplished are as much hidden from us, as the development of animal heat. We know not why some inflammations inevitably proceed to suppuration, whilst others may be resolved, nor can we by any means explain that change in the functions of blood-vessels, which disposes them to the formation of a new and unnatural material.

3. *The uses of Pus.*—That purulent matter answers to some great general end in the animal economy, cannot (I think) be doubted, although we may not be able, scientifically, to point out all or even most of its uses. Doubtless it often proves injurious or destructive but that is accidental, and arises from its being poured out in some situation from which it cannot be discharged, or its connexion with some important or even vital organ. A vast variety of uses have been attributed to this fluid, and almost every one (as John Hunter says,) can advance one for himself. It has been supposed to be a vehicle, by which disease can be expelled or carried from the system as serious disorders are sometimes seen to terminate in the formation of large collections of matter, and this principle has been brought into operation in the surgeon's hands in the establishment of issues, which, as I have already noticed in the case of scrofula, often seem to act very beneficially in the treatment of various diseases, quite independent of the local irritation they may produce. Pus, on the open sore, is evidently of use, in protecting the surface from the external air, and perhaps from other sources of irritation. If a small and healthy sore is left exposed, the purulent matter dries and forms a crust or scab, under which the process of cicatrization goes forward favourably, so that when it falls off in proper time, a new skin is found to have been formed underneath. In the great majority of ulcers we meet with, the formation of matter is too rapid and in too great quantity to permit this process, and then we are obliged to resort to another mode of treatment, but in the cases I have alluded to, the value of pus to the sore that secretes it are too obvious, not to be at once admitted. Another very important use of pus is, that it is formed for the purpose of washing off or carrying away any local irritation, such as a foreign body that might accidentally have obtained admission into a part. This will be easily understood, by selecting a case for illustration. If a person receives a thorn in the finger, inflammation is produced followed by an effusion of coagulating lymph around the thorn, which fastens it there, and for the time renders it more difficult to be withdrawn: a short time afterwards, matter is secreted by this lymph, which insulates the foreign body, and when the little abscess is opened or bursts, the entire is discharged together. In like manner it is by no means improbable, that in a great number of cases of abscess, a portion of the cellular tissue sloughs and dies in the first instance, becomes thus to all intents and purposes a foreign body, and is finally expelled by a similar process and in a similar manner. This, then, I consider to be a very important use of pus, although Hunter regards it in a secondary point of view.

[Press of matter obliges us to defer the conclusion of this lecture, until next week.]

OBSERVATIONS ON THE BLOOD CORPUSCLES IN SOME OF THE MAMMALIA. By GEORGE GULLIVER, F.R.S., Assistant-Surgeon to the Royal Regiment of Horse Guards.

#### I.—IN THE GENUS FELIS.

In a paper communicated to the *Philosophical Magazine*, on the 22d of November, I have described the blood corpuscles in several species of this genus. I have now to add an account of them in the lion, puma, and tiger:—

1. The lion, nearly full grown male, (*Felis Leo*,) blood from a vein of the ear—average sized corpuscles 1-4365th of an inch in diameter—extreme sizes 1-6000th and 1-3554th of an inch. In some corpuscles procured from the cutaneous vessels of the leg of a young lioness, about two-thirds grown, the same measurements were obtained.

2. The puma or silver lion, (*Felis concolor*,) common diameters of corpuscles 1-4440th and 1-4572d—extreme sizes 1-6000th and 1-3554th of an inch—blood from a vein of the ear.

3. A tigress, full grown, (*Felis Tigris*) common diameters of corpuscles 1-4268th and 1-4440th of an inch—extreme sizes 1-5333d and 1-3428th—blood from the ear. The size, therefore, of the blood disks in these three specimens of the larger carnivora, are very nearly alike. In the common cat, the corpuscles have much the same diameter; as I have convinced myself from numerous observations. Mr. Siddall, too, quite independently, has obtained the same result.

#### II.—IN THE HYÆNA.

4. Striped hyæna, (*Hyæna Vulgaris*,) most common size of corpuscles 1-3552d—extreme diameters 1-4800th and 1-3000th of an inch—blood from a vein of the ear.

#### III.—IN THE COYPU RAT.

5. *Myopotamus Cuypus*—corpuscles very irregular in size, commonly 1-3500th and 1-3200th—extreme diameters 1-4000th and 1-2666th of an inch—thickness of the edges of the disks 1-12,000th to 1-9600th—blood from a prick of the tail.

#### IV.—IN SOME RUMINATING ANIMALS.

It is in the blood of this order that the most remarkable anomalies have been observed in the shape and size of the corpuscles. I have given an account of the singularly minute blood disks of the musk deer in the 47th number of the *MEDICAL PRESS*, and in the *Philosophical Magazine* for December, as well as of the oval figure of those of the Vicugna.

The peculiar corpuscles in certain species of the genus cervus, have also been noticed in the former Journal, and in the *Lancet*, for the 21st and 28th of December, 1839. I hope shortly to be able to complete the description of these curious particles.

6. Sing Sing (*Antelope Sing Sing*,) an adult female—size of corpuscles very variable, commonly 1-5000th of an inch—extreme diameter 1-6000th to 1-4000th—blood from a prick of the nose.

7. Nyl Ghau, (*Antelope picta*,) a young male, hardly half grown—frequent diameters of corpuscles 1-4800th—extreme sizes 1-6000th and 1-4365th—blood from a vein of the ear,

8. Cervine, (*Antelope Bubalis*,) size of corpuscles very variable—all the following common, 1-6856th, 1-6400th, 1-6000th—extreme diameters 1-8000th and 1-5000th of an inch—blood from the ear and from the upper lip.

9. Axis deer, (*Cervus Axis*,) adult male—size irregular—most frequently 1-5333d of an inch—extreme diameters 1-6000th and 1-4365th—blood from a vein of the ear.

10. Domestic buffalo, (*Bos Bubalus*,) adult female. The following sizes very common, 1-4500th, 1-4572d, and 1-4800th—extreme diameters 1-6000th and



1-3600th—edges of the disks 1-14,000th of an inch thick—blood from a vein of the ear.

11. The cape buffalo, (*Bos Caffre*.) most common size 1-4724th and 1-4800th—extreme diameters 1-6000th and 1-3600th—blood from a vein of the ear.

In the paper already referred to, the result of the examination of the blood of the American buffalo, (*Bos Bison*.) and of the common cow, (*Bos Taurus*.) is given. The corpuscles in these were a little larger than the measurement indicated in 10 and 11. It may be remarked that considerable variations occur in the size of the particles, almost immediately after they are taken from the vessels, especially if the blood be preserved in any of the solutions generally used for the purpose. Hence any measurement, taken after the blood has been kept for an hour or two, will often differ materially from one taken on the spot, or from specimens dried rapidly. The first change in the particles is a shrinking, the disks becoming more obtuse, or even granulated at the edges, and consequently contracted in diameter. The alteration in the corpuscles, whether in the wet or dry state, is remarkably affected by conditions of the atmosphere. If the dried or drying specimens be exposed for a moment to moisture, as from the breath even, the effect will be apparent. For these reasons, the corpuscles should be spread thinly on glass, and dried instantly in a moderately warm and dry place. The measurements mentioned in this paper have been obtained from blood so prepared, carefully compared, however, with recent wet specimens. Thus preserved, the corpuscles exhibit a remarkably distinct and regular outline, without any shrinking whatever; indeed, they seem almost uniformly slightly larger than the disks floating in their own serum.

The measurements are all expressed in fractions of an English inch. Neither the granulated particles of the blood, nor the large white globules, are estimated. The latter I have often obtained from the thoracic duct. The former are very remarkable, either in serum of perfectly recent blood, or in the dry state. I gave Professor Owen specimens of them in September last, when he expressed his belief that the granulated appearance was the effect of drying. He was assured, however, both by Mr. Siddall and myself, that they were best observed in fresh blood, as above mentioned.

#### NOTICE OF MR. GULLIVER'S OBSERVATIONS ON THE THYMUS AND MESENTERIC GLANDS; ON THE CHYLE; AND ON THE SUPRA-RENAL GLANDS.

We understand that Mr. Gulliver has been long engaged in researches on these interesting glands, which will soon be published in detail. In the mean time we are enabled to state that he has made out the identity between the fluids of the thymus and of the mesenteric glands. The evidence which he will adduce is two-fold, being founded partly on the chemical properties of these fluids, and partly on their microscopical characters.

With regard to the first, he announces these remarkable facts, viz.:—that a strong solution of any of the neutral, earthy, or alkaline salts, will combine with the fluid of the thymus, so as to produce a remarkably characteristic ropy compound; inasmuch so that this mixture will draw out into strings, in consequence of its tenacity and viscosity. Now, this peculiar combination is not produced by treating any of the proximate principles of the blood with these salts, nor indeed has anything, hitherto noticed by animal chemists, any resemblance to the compound in question, except the single instance of the action of

muriate of ammonia on pus. Among many other salts, the following were employed, viz.:—Ferro-cyanate of potass—muriates of ammonia and soda—sulphates of soda, magnesia, and potass—nitrate of potass—hydriodate and acetate of potass, &c. &c. An action so remarkable seemed to denote the existence in the thymus of a peculiar principle; and Mr. Gulliver at first regarded it in this light, as being in fact no more explicable than the action of other re-agents on proximate animal principles. But in pursuing his inquiries, he found that the fluid of the mesenteric glands, particularly when gorged with chyle, as well as the fluid of the lymphatic glands, possessed the same properties. He found, too, that the juices in question were rendered ropy by a slight excess of muriatic or nitric acids, although these reagents, added in very small proportions, produced a precipitate. The chemical properties, therefore, of the juices of the thymus, of the mesenteric, and lymphatic glands are altogether peculiar, and identical with each other.

Now, the microscopical characters are equally conclusive. The globules of the juice in the mesenteric glands are most commonly 1-4500th of an inch, though the size is very variable, from 1-6000th to 1-3000th, and a few globules may sometimes be seen still larger—a frequent size also is 1-5000th of an inch. The globules are granular on the surface, very characteristic in appearance, and seem as if formed by the apposition of numerous molecules of infinite minuteness. These globules are not acted on like pus globules, by acetic acid, but are simply rendered more definite; indeed, they may be well preserved in this acid;—not so, however, in the saline solutions before-mentioned—for though these act generally but faintly on the globules at the moment of mixing, yet they are soon destroyed, thus exhibiting a character remarkably different from the blood corpuscles, which are so instantly dissolved or rendered invisible by vinegar, and preserved by the salts in question. The globules of the thymus in their shape, size, and chemical characters, correspond with those of the mesenteric glands so precisely that no difference can be distinguished between them. The lymphatic glands are also pervaded by similar globules, presenting no other difference than a slightly less granular aspect, and consequently a rather smoother and more pellucid appearance.

The chyle in the thoracic duct contains many of these globules, besides numerous oily particles—but the most remarkable microscopical appearance of the chyle is the great abundance of infinitely minute granules, too small to be defined or measured with any degree of accuracy even by the best instruments. These remarkably minute molecules, constitute the bulk of the chylous particles, forming the ground or base in which the globules, granular or oily, are contained. These observations were made on the chyle of the lynx, cat, dog, and other carnivorous and omnivorous mammalia. The extremely minute granules are probably not a tenth part of the size of the blood corpuscles in the respective animals.

As we can only give a very summary and incomplete account of Mr. Gulliver's views, we have only to add at present that the results seem to prove what has been previously surmised, only, viz., that the thymus is an additional laboratory of nutrient materials specially provided for that time of life when they are most especially required. Hewson advanced the opinion that the thymus and lymphatic glands, as well as the spleen, were organs provided for the generation of "central particles" for the blood corpuscles. Hence the exact observations of this enquirer on the resemblance between the particles of the thymus, and those of the lymphatic glands, have



been obscured by hypothesis. It does not appear that Hewson examined the juice of the mesenteric glands; and his observations on the lymphatic glands required the addition of the chemical examinations made by Mr. Gulliver. Sir A. Cooper, in his work on the thymus, concludes with the following query:—"As the thymus secretes all the parts of the blood, viz., albumen, fibrine, and particles, is it not probable that the gland is designed to prepare a fluid well fitted for the foetal growth and nourishment, from the blood of the mother, before the birth of the foetus, and consequently before chyle is formed from food; and this process continues for a short time after birth, the quantity of fluid secreted from the thymus gradually declining, as that of chyli-fication becomes perfectly established?" The different parts of this query seem to be answered by the result of Mr. Gulliver's researches. It is hardly necessary to allude to the difference in the chemical character of the blood particles and those of the thymus; but this gland is unquestionably a special additional provision for abundant nutrition at the early period of life, as Mr. Gulliver considers the lymphatic glands laboratories of nutrient particles at all ages, forming an apparatus by which the materials of nutrition are modified, and rendered fit for the purposes of the economy. The source and nature of the white globules of the blood now appear evident; but though in some respects resembling those of pus, there is an essential difference already alluded to.—With respect to the *supra-renal glands*, Mr. Gulliver regards their veins as excretory ducts. In some animals, he remarks that the vein forms a sinus in the centre of the gland, like the venous sinus in the spleen of certain animals. Into this sinus, or into the venous trunk, all the little veins of the gland open. Now, in examining this blood, Mr. Gulliver finds it pervaded by the peculiar particles of the secretion of the gland. These are oil-like spherules, very minute, the most common sizes from 1-12000 to 1-8000 of an inch in diameter, though they are very variable, even from 1-20000 to 1-6000. Nothing can be more distinct in its microscopical and chemical characters than the fluid of the supra-renal glands. It is not acted on even by caustic alkalis—the globules remaining perfect in the mixture; nor by muriatic, acetic, or sulphurous acids; and the particles remain entire even after being treated with strong sulphuric or nitric acids. But the experiments in relation to this gland, as well as the other subjects of this notice, will be detailed on a future occasion. As regards the office of the supra-renal glands, it results that they pour a peculiar matter into the blood, which has doubtless a special use, and is still an interesting and important subject for further enquiry.

#### TO OUR SUBSCRIBERS.

*Gentlemen in arrear are requested to forward their subscriptions.*

#### TO CORRESPONDENTS.

*Communications received from Drs. Lindsey, S. Hall, Lane, Savage (of Armagh,) Cane, Jackson, (of Sheffield,) Stirling. We have again to intreat the indulgence of our correspondents, on account of the necessary postponement of many interesting communications. They shall, however, be attended to in due course.*

English correspondents are requested to send their communications, *carriage-free*, either direct to the "Medical Press Office, Dublin," or to Mr. Churchill, Prince's-street, Soho, by whom all advertisements and orders will be taken in. Advertisements received for in-

sertion in London until noon on Fridays, and in Dublin until six o'clock on Monday evenings. The increasing circulation of the Press, (as shown by the Parliamentary stamp returns,) makes it a particularly advantageous medium for all announcements of matters connected with literature, or with medical or scientific pursuits. The MEDICAL PRESS may be ordered from all news-agents in England, who will please to forward their commands through Mr Joseph Thomas, 1, Finch-lane, Cornhill, London.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 1, 1840.

### RIGHT OF MEDICAL PRACTITIONERS TO COMPOUND MEDICINES FOR THEIR OWN PATIENTS, IN PUBLIC INSTITUTIONS.

FROM the proceedings of the Medical Association of Ireland, recorded this day in our pages, it appears that the question of the right of medical officers to compound medicines for the patients under their care in hospitals and dispensaries, is about to be brought to issue. It has been ascertained that a deputation from the apothecaries' company, has waited on the poor-law commissioners, urging very properly, that no person shall be allowed to act as an apothecary in a poor-house, unless licensed by them, but if we understand the matter rightly, they also demand, that if no apothecary be appointed, the medical attendant shall be required to possess their licence to enable him to discharge the duty, if he compounds the medicines he prescribes, as is done by the medical attendants of dispensaries, fever hospitals, and some of the infirmaries. The matter has, however, gone still farther than this, and no doubt now appears to be entertained, that it is the determination of the apothecaries company if they can, to prevent physicians and surgeons from compounding medicines for their own patients, either in public institutions or private practice. If this be not proved by the application to the poor-law commissioners, the following notice which we extract from a provincial paper, makes the matter clear enough.

#### "UNLICENSED APOTHECARIES.

"The following resolution has been adopted at the last meeting of the governors and directors of the apothecaries' hall, and a copy of it sent to every country apothecary:—

"That the governor and court of directors of the apothecaries' hall, are affected with sincere sympathy for the unprotected state in which their inspectors found their licentiates in the north and west of Ireland; and they hereby assure them they will use the power vested in them by law, as well as exert every other means which may be devised consistent therewith, *in order more effectually to protect them and the public from all persons who shall be found ignorantly and illegally practising the profession of the apothecary, in the kingdom of Ireland.*"

"By order of the court.

"I am further instructed to say, in order fully to carry out this resolution, the governor and court will have to look for aid to the different county associations (as recommended to be formed by their inspectors,) and for this purpose, they beg to submit to



them the following particulars for medical co-operation:—

"1st. A list of all persons keeping shop, and acting as apothecaries within the county, licensed or otherwise.

"2nd. The names of all persons employing unqualified apprentices or assistants.

"3rd. Legal proof against the principal offenders in the district.

"4th. Attested cases of injury done by grocers dealing in drugs.

"5th. *A list of the medical charities in the county, and the instances in which the duties of the apothecary are performed by persons not legally qualified.*

"6th. The possession by every person keeping shop of a list of the licentiates in the province, to be published annually, and certified by the seal of the hall.

"7th. Publicity to every conviction which takes place under the provisions of the apothecaries act.

"I remain dear Sir,

"Your very obedient servant,

"CHARLES HENRY LEET, Secretary.

"— —, Esq."

We must confess that we do not blame the apothecaries' company for the course they are pursuing—whatever may be thought of the propriety or justice of the proceeding as regards the members of the medical and surgical professions, it must be admitted that they are exerting themselves to protect the interests of their own body, and this it appears they can do without embarrassment or interruption. They have no parties in the interest of physicians or surgeons to disturb their meetings—no agents of other bodies to carry off reports of their proceedings before they are matured—no rancorous or disappointed members, labouring to destroy their institution, because they cannot turn it to their own private advantage. On the contrary, all the interests of the governing body appear identical, and their proceedings are, consequently, whether good or bad, uniform and consistent. There is now no use in disguising the fact, because recent events set aside all doubts about the matter, that they possess an influence in Dublin, in consequence of their consultation patronage, absolutely irresistible; and we venture to assert that, let them do what they please, a majority could not now be obtained, either in the Colleges of Physicians or Surgeons, to check or resist them. Pledged as we are to guard the interests of the profession, we are bound to state this, in order that gentlemen in the provinces may be convinced that they must rely on their own exertions to counteract the proceedings to which we allude, should they consider them likely to prove injurious.

It is obvious, however, that this question, as to the right of the medical attendants of hospitals and dispensaries to compound the medicines they administer to the patients under their care, involves another equally important to the profession at large—the question as to the right of physicians and surgeons to compound and administer the medicines they give to their patients in their private practice. It is probably in the recollection of our readers that this matter was very keenly discussed in the Irish College of

Surgeons some time ago, and that the opinion of eminent counsel was taken on the subject. Of this opinion we happen to have a copy; and, as it is of some importance that our readers should be correctly informed on the subject, we add it for their information:—

"Counsel says, I have read and considered the statute, 31st Geo. 3, c. 34, (the apothecary's act,) and am of opinion that the apothecaries' company cannot recover the penalty, thereby imposed for opening shop, or following the business of an apothecary, without the required certificate, from a surgeon or physician, who, in the course of his practice as such, may compound and sell medicines for his own patients only. It appears to me that the object of the legislature was to prohibit ignorant and unskilful persons from taking upon them to mix or compound medicines prescribed by others, and not to prevent those, who, by their education and knowledge, must be perfectly competent so to do, from preparing or administering the remedies which they consider adapted to the cases under their care. A regular physician or surgeon may be a person of such high professional character and extensive knowledge that his patient may not only have peculiar confidence in his skill in the preparation of medicines, but may, in fact, derive from that skill a degree of benefit which he might not otherwise receive; and, I think, it could not be held, in such a case, that because money was paid for medicines so supplied, the party who thus made up his own prescription had incurred the penalty given by the act."

This discussion like every other on similar subjects, upon which we have been engaged, leads to the inevitable conclusion that the only remedy for the anomalous and contradictory state of medical affairs, of which the present matter affords another example, is a general legislative measure, declaring the rights of all parties, and placing every man in the three kingdoms on an equality as to privileges of every description, on his compliance with certain specified terms. To attempt to reconcile the conflicting interests of the seventeen colleges, corporations, or companies, would now, after all we have seen, be absolute madness. A new power greater than any or the whole of them must be created, to afford that protection to the members of the medical profession, against injustice which is provided for the poorest man in the community.

#### PROCEEDINGS AT THE COLLEGE OF SURGEONS.

A letter of remonstrance and entreaty was sent from the College of Surgeons in Ireland to that in London, on the 16th ult., praying, amongst other things, that the council of the latter body would reconsider the proposal formerly made to them, to enforce proper attendance on lectures, and co-operate in a plan for obliging students to commence their studies early in the session. The matter was brought before the College at a special meeting convened by the president at the request of the professors of the College, and a majority of the proprietors of private schools, recognised by the College, on the 3d of the month; but Dr. Small insisted that the College should not entertain the mat-



ter till a motion of which he had given notice was discussed. On the 9th the College met again, when instead of "considering what measures should be adopted to render it imperative on all teachers, to register their pupils, and to adopt such course as may appear best calculated to prevent the granting of certificates without adequate attendance," as was stated in the former summons, the time of the meeting was occupied by other business. On the 12th the College again met to consider the subject, but the time of the meeting having been consumed in discussing Dr. Small's motion, which raised the question, whether the payment made by order of the correspondence committee for advertising the proceedings of the Congress, should be allowed, with other matters, foreign to the subject of the registration of pupils, and the verification of certificates, it was found impossible to consider the letter to the London College, which had been drawn up by a committee appointed for the purpose. On the 16th the College again met, when this letter was tediously and slowly discussed, paragraph by paragraph, until a late hour, when it was proposed by Professor Harrison, and seconded by Dr. Small, that the matter should be again adjourned. This proposal was earnestly supported by Dr. Alcock, who lectures on Anatomy in the school in Cecilia-street, and various objections as to form and points of order being raised, the College was about again adjourning the discussion, when Dr. Jacob expressed his determination to press the question to a division, and to ascertain whether or not any serious intention of effecting the proposed object was entertained. Professor Harrison, seconded by Dr. Small, then moved an adjournment, and expressed his determination to go on doing so for the rest of the day if the matter was not postponed; but at the suggestion of his friends he withdrew this threat, and a division took place, when his motion of adjournment was rejected, six or seven only voting for it, including Professor Harrison, Dr. Small, Mr. Boswell, Dr. Alcock, and Dr. Roche. The original motion, that the proposed application to the London College to enforce a proper system of registration should be despatched, was then put and was again opposed by Dr. Alcock, on the ground of its being out of order: it was, however, at last carried.

A paragraph in the letter, praying that the London College would enforce the regulation it had made in June, 1838, not to allow one and the same person to give lectures both on anatomy and surgery, was withdrawn, it being urged by Professor Harrison and his friends that he had a vested right in the privilege of granting the three certificates on practical anatomy, general anatomy, and the theory and practice of surgery. It having been argued that he could set up but a very slight claim to this vested right, having been elected to his professorship only six months before the passing of the regulation, he made a warm appeal to the feelings of the members, urged his long services to the college, and argued that he found no difficulty whatsoever in lecturing on these different subjects. The consequence was, that the impression was so strong, that no new regulation, which affected so seriously the interests of a member should be sanctioned, that the matter was not pressed. A motion of Professor Maunsell, after appearing three times in the printed summonses, was a fourth time postponed. It is "to bring under the consideration of the College the system of licensing, as at present in operation, and whether it be expedient to persevere in the ineffectual attempt to keep up an academic system by the demand of certificates."

These proceedings require little comment. They are facts which speak for themselves. Here is an effort made, at a most critical moment, to secure a proper registration of pupils, and to prevent the granting of certificates without attendance; and thus it is postponed for another season, as it was last year, in a different manner, and on the avowed grounds, that if the pupils were permitted to go to the college of surgeons to register their names, they might be induced to attend some of the lectures there. Here, also, is the College of Surgeons of Ireland entrusted by Royal Charter with the duties of "enforcing a due course of regular education", embarrassed in the discharge of this duty, without the power to prevent or correct such a state of affairs.

The occurrence, however, is valuable in two ways. It will at once open the eyes of the profession and the public, and account for the conflicting proceedings of the College, and will also shew what is perhaps at present more important, the working of an institution of a construction different from all the other Colleges. The Irish College has no governing council, the affairs are managed by the body at large, composed of about an hundred members, and any licentiate may become a member in five years from the date of his diploma, unless rejected by ballot. This is undoubtedly the most popular or democratic constitution enjoyed by any of these Colleges; yet, it must be admitted, that its system does not in many respects work much better than that of the close self-elected corporation of London. It might be supposed that giving so many persons a right to take part in the management of the institution, they would feel an interest in conducting it in the best possible manner, but so many have different interests elsewhere, and acknowledge ties so much stronger with other institutions, that such is not always the case.

It is also often found impossible to get through the business of a meeting, in consequence of the unlimited power of speech enjoyed by the members. An unscrupulous person seeking to defeat a measure, by delay or interruption, can often do so by quibbles, and pretences of enforcing points of order; and a mischievous loquacious person can, at any time, interrupt the most important proceedings by cavilling and speech-making. It is quite obvious that at present the members at large are not executing the trust of enforcing a proper system of education confided to them by the charter, and which they have distinctly sworn to discharge, otherwise they would not remain unconcerned spectators while arrangements are in progress to swamp the profession in Ireland with such a class of persons as those who have been for one year, only, engaged in actual study, and have attended an hospital for the limited period of twelve months.

#### REMUNERATION OF MEDICAL OFFICERS OF WORKHOUSES.

A meeting of the guardians of the North Dublin Union took place on Friday last, at which the consideration of the salaries and duties of the medical men was brought forward.

It was agreed that the resident person should be an apothecary, and his principal duties should be the compounding of medicine; but that he should be competent to act as surgeon when necessary. The guardians intimated their intention of deciding upon appointing a visiting doctor and a visiting surgeon. The salary proposed to be given to the resident apothecary is £60 a-year, and to the visiting physician and surgeon, £50 per annum each. The meeting then adjourned until Friday next.

We shall continue to give our readers the earliest information upon this subject.



## ADMINISTRATION OF THE MEDICAL CHARITIES.

A sensible letter "to a Dispensary Subscriber," has appeared in a late number of the *Limerick Chronicle*, in which this matter is very properly alluded to. The writer, who is evidently not a medical man, while he states it to be his opinion that the legislature "has granted no greater boon to Ireland," than the establishment of local medical charities, urges that "if the principle of fitness be forgotten in the selection of a medical superintendent the benefits of the charity are partially lost, and the interests of the sick poor compromised." It would be well for the profession, as well as the community, if these opinions were generally held by the governors of those institutions.

The following sentence, especially that portion of it which we print in italics, ought to be engraven upon the memories of all medical men:—

"The administration of Medical charities is also important to the Medical Profession, and to the public at large; inasmuch as their mismanagement will hereafter be urged, in justification of the centralising system, long meditated by the Government. A system, which would only crush local mismanagement, to re-establish jobbing on a gigantic scale, and ultimately to enrol under the dictatorial rule of Government, a class, superior in numerical amount, and only not inferior in moral influence, to all the Clergy of all the creeds in Ireland."

'A stander-by often sees most of the play,' says the proverb: we here see what a stranger to our profession thinks we might do if we chose to act together.

## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, DEC. 26, 1839.—Council met.

The deputation appointed to wait upon the poor-law commissioners, reported that they had waited upon Mr. Nicholls, to enquire as to the correctness of a rumour which had reached the council to the effect that in consequence of an application from the apothecaries' company, the commissioners had expressed an opinion that the licence of that company would be considered a necessary qualification for medical officers of poor houses. The deputation was received with the utmost courtesy by Mr. Nicholls, who stated that no positive determination had as yet been formed upon the subject, and that it would probably be necessary to consult the law officers of the crown regarding it. Mr. Nicholls also assured the deputation that no step should be taken likely to affect the medical profession, without mature deliberation and due notice.

Resolved.—That a case be immediately prepared and laid before the Attorney-General, to ascertain whether the apothecaries' company possess the power which they lay claim to, of inflicting a penalty upon medical men who may compound medicines for their own patients in public institutions, without the licence of that corporation.

The following communication from the Armagh Medical Association was then read:—

"At a meeting of the Armagh Medical Association, the treasurer having reported that, under the authority of the association, he had employed Mr. Napier to advocate before the judge, the claims of the medical men to the fees awarded by the coroner; when the judge decided that the cess-payers had the right to cut down the fees, and Baron Pennefather

stated, (as Mr. Napier privately informed our secretary,) that such had been the decision of the majority of the judges in chamber. It was resolved:—'That the result of this endeavour to redress our wrongs be communicated to the Council of the General Association in Dublin.'"

Resolved.—That the consideration of this matter be referred to a sub-committee, with directions to report next meeting, as to the best course to be pursued in regard to it.

## THE HOMŒOPATHIC SYSTEM.

TO THE EDITORS OF THE MEDICAL PRESS.

Boyle, December 17, 1839.

GENTLEMEN,—Having been much importuned, more than a year ago, by persons of respectability, to give my opinion on the homœopathic doctrine, I sat down and carefully perused Dr. Curies' book, and took such notes as would have formed a critique, both on the book and on the doctrine, with a view of sending it to some periodical for insertion; but I delayed doing so, in hopes of seeing it more carefully handled by some person, who, from a metropolitan residence, would have more opportunities of information on it: and I have been at length much gratified in seeing, in your number for the 11th of December, (XLIX.) Dr. Bellingham's excellent and talented lecture on homœopathy, and in beholding there many coincidences with my own view of the matter. But as Dr. Curies has, in most unmeasured language, dealt out abuse, and attributed most unworthy motives to the "Allopathists," (as he calls us,) every member of the profession should contribute his mite towards disabusing the public, and shewing the insufficiency of the doctrine, and charlatanism of the practice of the homœopathists.

The idea of "*like cures like*," is ingenious and tangible, as far as it goes; but when the homœopathists use such attenuated and inert medicines, the doctrine and practice become merely "expectant," and they might fairly say, as I have said to patients, (or their friends,) who had sufficient sense to understand it, and when medicine appeared plainly unavailable—"I advise a dose of *let alone*."

The bane of medical science, seems to me to be, the repeated attempts to bring in some general principle, which, (like Newton's attraction,) is to explain (and cure) every disease: thus Cullen had his *spasm*—Brown his *stimuli*—Curry his *cold affusion*, &c., &c.; and now Hahnemann and his adherents have their *similia similibus curantur*—they all go a certain length of way, but then, (as the sailor says,) "*the boat leaves them*."

Hahnemann's principle would never have drawn down the ridicule with which it has been heaped, but for the *materia medica* which he has adopted—with his infinitesimal division of which, no thinking person would have quarelled, if in it he had confined himself to the most active substances, such as strychnia, arsenic, belladonna, &c., &c. But patience and temper give way, in reading of cures of the most inveterate diseases, local, as well as general, effected by infinitesimal doses of such substances as muriate of soda, crude antimony, magnesia, chalk, &c., &c.

Their reasoning is employed to shew that the more a substance is divided, the greater is its effect, or, in plain terms, the *weaker* it is made, the *stronger* it is—just as if a single fibre of wool would keep a person warmer than an entire coat or blanket. But the charlatanism of the business is, that after parading this *materia medica* of *NOTHINGs*, they write popular books (chiefly in French,) pompously setting forth



the application of their "doctrine" to the various diseases, local and general, to which humanity is liable, and persons in the highest rank in society captivated with the splendour of the books, and boxes elegantly furnished with globules; the product of the infinitesimal division, for the most part, of insignificant and inert substances, set to practising on their friends and families, and on such of the poor as submit themselves to their care; and this they can do with the greater ease, being free from the toil of bleeding, blistering, &c., these immunities (like "no tithes no taxes") being held out as allurements to obtain adherents.

If ever empiricism should in this, as in other instances, furnish a hint to regular practice, it will be in shewing a manner in which dangerously active medicines may be exhibited with safety by having them minutely divided.

Having trespassed upon you with these observations, I will conclude by copying a few extracts from my notes on the *materia medica*, as set forth by Dr. Curies. Under the head of "the disease," he inculcates the most hyperbolically minute examination of the patient's own recitation of the symptoms and sensations, his inclinations and aversions, his "dreams," &c., &c., &c., all of which are to be taken down in writing by the physician, and then he is to question him, and take down, in writing also, whatever is thus elicited; and, in certain cases, he is to inquire of male and female the condition of the sexual functions!

Under the head of "the remedy," he describes, as consistently as he can, the application of the minute doses, but by no means makes it satisfactory, that there is always a similarity in the remedy and the disease.

His cases and practical observations are his best—but our astonishment is kept on the *qui vive*, in reading of the most direful diseases, all cured by a few globules, the product of infinitesimal division and dilution—he thus even cures, (he says) local diseases, "Deviation of the vertebral column," "Rachitis," "Strangulated Hernia," "Ophthalmia," "Myopia," "Amaurosis," "Piles." The Strangulated Hernia is the most wonderful, it is too long to insert, but if any person will get the original, and peruse it, he will see that it is the most ridiculous assumption of a cure. He says, hemorrhoids were cured in a lady in London, by a single dose of arsenic at the 30th dilution!

Crude antimony (he says), is important in the treatment of "Lying-in women," "Fistulous Suppurations," "Inflammatory Rheumatism," &c. &c. Asafoetida (he says), is one of the most powerful remedies against "Diseases of the Bones," "Necrosis," "Caries," "Exostosis!!" Carbonate of lime has six closely printed pages allotted to a list of the most direful, the most frivolous, and the most widely different diseases, all cured by this most common article, chalk! To chamomile he allots "emphatic state," of course it cures many and opposite diseases, he says, "it appears to have a direct action on the ganglionic system," why; it is hard to find out. Magnesia "is efficacious in chronic maladies," "black spots before the eyes," sudden loss of words," "Inguinal Hernia!!! Muriate of Soda—yes, common culinary salt has six pages allotted to the various human ills, great and small, to which it affords relief, beginning with "vomiting of pregnant women," and ending in "sadness," and "great propensity to take alarm"—so, a pregnant woman is to be relieved from the sickness of her stomach by a globule or two of what she has, perhaps, taken a teaspoon-ful, with her egg—besides having taken it in other forms.\* Sarsa-

\* This is an exact coincidence with Dr. Bellingham, and it was written more than a year before he gave his lecture.

parilla "calms the sufferings and pain caused by gravel!" I believe I need quote no more, to shew the absurdity of the presumption, that this doctrine and practice is to supersede all others now in use. Hoping you will excuse my trespassing on you at such length,

I am, Gentlemen, your most obedient servant,  
 LODGE HALL, M.D.,

Member of the Royal College of Surgeons, Ireland.

#### TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—May I beg to direct your attention to what I conceive to be the very extraordinary behaviour of the Editor of the "Excitement," for 1840. That gentleman has thought proper to appropriate a considerable portion of my paper on the bloodhound, published in the 17th number of your Journal; to alter it so as to make it meet his pages, and state it to be taken from the July number of the *Naturalist*, edited by a gentleman of the name of Wood; suppressing my signature of "A Student of Nature" altogether, as well as the fact of its originally having appeared in the *MEDICAL PRESS*. Of course you must have perceived that Mr. Neville Wood, has himself borrowed, (!) if I do not mistake, every paper I published in your journal, as fast as they appeared, and that, too, without more acknowledgment than he could well avoid, viz.: an asterisk which directed the eye of the reader to the bottom of the page, where he might, if he chose, detect, in obscure characters, the words, "*Medical Press*," of such and such a date. I feel the more annoyed by this procedure on the part, first of Mr. Wood, and, secondly, of Mr. Jamieson, (editor of the "Excitement,") as I am just preparing for publication a series of papers on the "Habits of Animals," the first of which will, amongst other matter, contain the "Natural History of the Bloodhound," of which the story Mr. Jamieson has thought proper to take possession of, forms a part.

I am determined to make the matter as public as I can, and it shall not rest here—for were I to do so, my forthcoming work would, in all likelihood, be appropriated, wholesale, to serve to fill up the pages of the "*Naturalist*," and other equally *conscientious* periodicals.

I remain, Gentlemen, sincerely yours,

HENRY RICHARDSON.

Baggot-street, Dublin, Dec. 30, 1839.

#### ROYAL ZOOLOGICAL SOCIETY.

THE first evening meeting of this society will be held in the Theatre of the Dublin Society, on the 2d January, 1840, at 8 o'clock, when the proceedings will be opened by an address from His Grace the Archbishop of Dublin, and papers will be read by Dr. Thomas Beatty, on the preservation of species, and by Dr. Corrigan, on the circulation as adapted to the habits of animals.

#### OBITUARY.

October 18, on his passage from Africa, Dr. Robert Gosson, surgeon of the ship *Lady Stormont*.

#### REGISTER OF THE WEATHER,

	1839.	Max.T	Min.T.	Barom	Rain.
Sunday	Dec. 22,	50	37	29.150	.090
Monday	23rd,	51.5	42.5	29.262	.070
Tuesday	24th,	50	43	28.926	.250
Wednesday	25th,	49.5	36.5	29.450	.030
Thursday	26th,	41	29	29.574	
Friday	27th,	39	29.5	29.550	.004
Saturday	28th,	36.5	28	29.860	



# NATIONAL MEDICAL WORKS,

PUBLISHED BY

SHERWOOD, GILBERT, AND PIPER, 23, PATERNOSTER-ROW.

## I.

Now completed, Volumes I. and II. of the

### CYCLOPÆDIA OF ANATOMY AND PHYSIOLOGY.

Edited by R. B. Tonn, M.D., F.R.S., Fellow of the Royal College of Physicians; Professor of Philosophy, and of General and Morbid Anatomy, in King's College, London, &c.

This great Work consists of a Series of Dissertations under the headings of the more important subjects of HUMAN ANATOMY, General, Surgical, and Morbid—of PHYSIOLOGY—of COMPARATIVE ANATOMY—and of ANIMAL CHEMISTRY; and, towards the close of the Work, an article will be introduced, giving a general view of the present state of VEGETABLE ANATOMY and PHYSIOLOGY. In order to unite the advantages of a Dictionary with the proposed form of the Work, a very copious INDEX will be added, containing all the terms employed in these sciences. The articles are contributed by upwards of Sixty distinguished Writers, eminent in Science, in Great Britain, Ireland, and France.

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*Embracing a Complete View of all the Departments in Operative Medicine.*

Edited by W. B. COSTELLO, M.D., Member of the several Learned Societies, English and Foreign.

The "Cyclopædia of Practical Surgery has been undertaken for the purpose of collecting into one copious and comprehensive digest the Doctrines of Surgery, and the valuable Views of Practice, which either rest on individual experience, or are inculcated in too isolated a manner for the general benefit. In order to stamp upon this important undertaking—hitherto a desideratum in Medical literature—that character of authority to which it aspires, care has been taken in the distribution of the various subjects to confide the execution of them to persons of acknowledged ability and experience in the several departments; and thus the most distinguished writers in Great Britain and the Continent of Europe have been associated for the production of a work which, when complete, may fairly claim to be considered the most valuable publication of its kind extant in any language.

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☞ Circumstances having interrupted the regular publication of this work, the Publishers are happy in now being able to assure the Subscribers that, in future, they will be issued punctually at the periods above stated.

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Edited by J. FORBES, M.D., F.R.S.; ALEX. TWEEDIE, M.D.; J. CONOLLY, M.D.

This important work is now completed, in four large volumes, and consists of a Series of Original Essays upon all the subjects of Medicine, contributed by no less than Sixty-seven of the most eminent practical Physicians of Great Britain and Ireland; forming a complete LIBRARY OF MEDICINE. Each subject has been treated by a writer of acknowledged reputation, whose particular studies have eminently fitted him for the task, and all the articles are authenticated with the names of the authors: thus giving the work a character of originality and authority which does not belong to Cyclopædias upon the plan of anonymous publication, or to compilations by single writers, however learned and industrious.

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Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, Prince's-street, Soho.—Wednesday, January 1, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LIII.]

DUBLIN, WEDNESDAY, JANUARY 8, 1840.

{ PRICE SIXPENCE,  
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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Surgery in the College.

### LECTURE VII. (CONTINUED)—SUPPURATION.

#### 4. The Symptoms that Indicate the Presence of Pus.

When matter is just forming, the circumstance is often indicated by constitutional disturbance, and one or more rigors occur. These are more frequently observed in the abscess succeeding the acute, than the chronic inflammations and more in idiopathic than symptomatic cases. This symptom, however, is both irregular and uncertain: it bears no relation to the intensity of the inflammation, or the quantity of matter about to be formed, and is even sometimes absent in important and dangerous cases. The rigor of suppuration is usually more severe than that which precedes an attack of common fever—is not followed by a hot fit or sweating stage—and is not succeeded by any sensation of relief. When a patient is suffering from chronic abscess, irregular shiverings may occur, which have been considered as the commencement of hectic fever: this may be the case, but I think I have seen them in cases where there never was any well-formed hectic established afterwards. In general, the hectic fever does not show itself until such abscess has either been opened or burst spontaneously.

When matter is forming, the local symptoms undergo some alteration. When the inflammation (says Mr. Hunter) is just moving from the adhesive to the suppurative stages, the pain is rather increased, but when the matter is formed, the pain in some degree subsides. I think, however, that this, as a general rule, does not apply, for if we are to judge by the patient's descriptions, and by his apparent sufferings, the pain seems to be always increased. Of course, there will be a good deal of difference, according as the

matter is situated under a fascia or otherwise confined; and in some superficial inflammations there may be relief from the application of emollient poultices, which are almost always resorted to, when suppuration appears inevitable, yet, still in the great majority of instances the pain is positively increased. It is usually a throbbing pain, so that the patient may count his pulse without laying a finger to the part, or a bieling as the common people express it. This, however, only obtains with respect to acute abscess, and therefore, in order to understand the subject in a more comprehensive way, it will be necessary to describe the acute and chronic abscess, and to contrast them, one with the other.

When, in a case of acute inflammation, we see the colour of the part change from the deep fiery red, to a brighter or more yellow tinge; when the tumour has lost its globular shape and become conical, and above all, when there is an evident sense of fluctuation felt within it on examination, it is pretty certain that suppuration has taken place. The phlegmonous abscess has a considerable extent of hardness around its base: it contains less matter than the size of the tumour would lead us to anticipate: and there is generally a desquamation of cuticle on its most prominent point, or at the spot where it will subsequently burst. This description, however, only holds when the collection is superficial, and it is possible it may occupy such situations that none of these symptoms either are, or can be, very apparent, as for instance, when placed under the scapula, beneath the pectoral muscle, behind the mammary gland, or even very deeply seated in the thigh. In such cases, where the matter lies deep and under a fascia, the integuments of the part are always more or less cedematous, a symptom which should have great weight in determining our line of conduct in doubtful or difficult cases, for matter thus confined, will increase to an enormous quantity before it makes its way through



the fascia to point externally, and I have witnessed the most serious effects from such an occurrence being allowed to happen.

From the symptoms already laid down, it might appear to be easy to discriminate an abscess from any other kind of tumefaction whatever, and yet, perhaps, there are few subjects on which so many and such serious mistakes have been committed. At the moment in which I am now speaking, there is a case of fungus hæmatodes of the neck in the Meath Hospital, which presents so many of the characters of abscess, that a person might almost be pardoned for making a puncture in it. It is notorious that aneurisms have been mistaken for abscesses, and the most frightful consequences have ensued on their being opened. I have seen those serous collections that form about the neck, and have been termed hydroceles of that part constantly mistaken and treated for abscesses, though here perhaps the error is of less consequence and evil less likely to ensue. But the most fatal mistake I have ever seen in this respect was, the regarding a deep collection of matter in the thigh as a case of acute rheumatism, and allowing it to remain and to extend itself during six months when it finally terminated in the patient's death. This is not the place for pointing out all the diseases that can be confounded with abscess, nor the means of discriminating between them, as all these points must be attended to separately hereafter, and I have only mentioned the circumstances to shew that there is no subject in surgery, however apparently simple, that may not require diligent investigation.

Chronic abscesses present many characters almost of an opposite nature, they approach more insidiously, without inflammatory fever, and almost without pain, that which is felt, being of a dull, heavy, and aching kind. They increase very slowly, and acquire a great size before they break. Their colour is white, or the natural hue of the skin with flat blue veins meandering over it, but when about to burst, the skin inflames and becomes of a dull dusky purple colour, rather than red. The shape is globular or oval, not conical. The surrounding hardness is not extensive, and the pus seems to be contained in a circumscribed cup. The quantity of matter is very great in proportion to the size of the tumour, and its quality is not that which has been heretofore designated as healthy. The connexion between chronic abscess and scrofula, has been already remarked.

5. *The manner in which it makes its way to the surface and becomes discharged.*—Purulent matter makes its way towards the surface of the body by absorption, that is, by causing all the parts and structures that interpose themselves to be removed by a process so called. This is evidently an operation of organic life, and like all such, we are ignorant of its nature. Its existence is, comparatively speaking, a recent physiological discovery, and the vessels as organs engaged in it, are not at this moment satisfactorily determined. However, the function itself is exhibited in a great many different points of view, and in activity and importance, is scarcely inferior to any in the economy. It is not my intention now to enter into any disquisition on the nature of this process, nor to enquire by what vessels or order of vessels it is performed, whether veins, lacteals or lymphatics, but it will be necessary to take a slight view of the more obvious phenomena in order to understand the nature of suppuration and ulceration.

Absorption exhibits itself under two different points of view, one by which it acts upon substances extraneous to the body, the other by which it operates on the constituents of the body itself. The first of these is exemplified, not only by the process

of nutrition by which parts of different substances are taken up and ultimately become portions of the animal machine, but by the facts daily observed of various materials being introduced into the system, merely from being applied to the skin externally: the most familiar illustration of which is the production of salivation by frictions of mercurial ointment. You will find hereafter, that the surgeon has frequently to avail himself of this process, for the introduction of medicines into the system that could not otherwise be safely or judiciously used, and also, that he may find employment in counteracting the effects of poisons, which obtain admission into the body by this avenue. The other, or that by which parts of the body itself are removed, is more germane to our purpose and is exemplified in at least three different ways. The first of these was named interstitial by Mr. Hunter, because by it, substances are removed from the interstices in which they were lodged. It takes up the contained parts, leaving the containing structures uninjured and intact, as the fat may be absorbed, whilst the cellular tissue in which it was placed is not interfered with. In this way a wasting of the entire body occurs as in a case of consumption or the atrophy of a particular part or limb. The second is that by which the body is shaped and is termed the modelling absorption. Its operation is silent and imperceptible. It seems to be constantly going forward, but we are totally ignorant of its laws: the stimulus that sets it into play, or the manner in which it acts: and, after all, rather infer its existence from certain phenomena at different periods of life, than are able to afford any satisfactory proof of it. We suppose that a constant change is going forward in every part of the body, that those particles which have become useless or are no longer fit for the purposes of life are removed and others deposited in their place; that in this way the body increases or diminishes, and its different organs are made to assume those varieties of size, shape, consistence, and strength, that are observed in the different sexes at different periods of life. The third is that one with which we are more especially concerned, inasmuch as it is that by which purulent matter, or indeed any foreign substance makes its way to the surface. By it entire parts are removed—the containing as well as the contained—and from the effects produced by it, it has been termed the progressive.

Whatever apparent similarity there may be in these processes, there are, nevertheless, some differences which the surgeon must take notice of. The first of these, or that which operates on extraneous material, is probably a vital function, devised for the purpose of enabling the animal to derive nutriment from as many sources as possible: Of the exciting cause of this function, or of that of the interstitial or the modelling absorption, we absolutely, as I before observed, know nothing: but, as we suppose, in the latter cases, that some particles of the body only are taken up, whilst the great majority remain, so as to preserve the apparent integrity of the whole, it should follow that the particles to be removed differed, in some way or other, from those which were to be left, or became, as it were, prepared to be absorbed. Now, by prosecuting the investigation further, and examining the progressive absorption, a process which we are able to produce artificially, we shall discover some of the causes that place these particles in a condition fit to be removed; or, as Hunter would say, dispose them to be absorbed. You must now bear in mind that which I formerly observed relative to the actions and powers of a part—that there were certain processes always going forward within it, such as circulation, nutrition, the evolution of animal heat, &c., which we might suppose capable of wearing it out, were it not endowed with some enduring quality of resistance.



It would appear that whenever these enduring qualities were diminished so far, that the particles, although not dead, were no longer fit for the purpose of life, then they became fit objects for the operation of absorption, and were taken up accordingly. In fact, this absorption is a true process of inflammation, attended by the same symptoms, and only differing from the early stage in that—in the one, the activity is displayed by the arteries in the secretion of lymph—whereas in the other, the absorbents have the preponderance.

Hunter mentions five different causes that induce the absorption of entire parts:—1st. Parts being pressed upon—a familiar instance of which is seen in the manner in which issues are frequently made by persons in the country. They bind a hard pea firmly on the part, and in the course of 24 or 48 hours, it is found to have produced an ulcer in which it is imbedded, and the issue thus is formed. 2d. Parts being irritated, I suppose by means of blisters, caustics, or similar applications. 3d. Parts being weakened. I am not certain that it will be easy to find an illustration of the operation of this cause, principally because we have no definite idea of the meaning of strength or weakness as applied to organic life. We can understand that a part is able to perform all the functions for which it was intended—or that it is healthy—or that it is unable to do so, or does it but imperfectly, when it is unhealthy or diseased. Doubtless, when a limb is affected by paralysis, it becomes wasted and diminished in size, but this is an example of interstitial, not of progressive absorption; and we find parts, in which the circulation is languid, frequently to become the seat of ulcers, but we actually know not how far one spot is weaker than another, nor why it only should ulcerate. We have then only to suppose that its quality of endurance is so far deteriorated that it is unable to survive, and must be removed. 4th. Parts being rendered useless. I am not sure, either, that this can be considered as a cause of absorption, although the removal of the alveolar processes seems to be a sufficiently familiar instance: but they are not absorbed, at least not entirely—they are altered both in size and in consistence, and undergo a change analogous to that which takes place in arteries and veins when they no longer circulate the blood. 5th. Parts being dead. This is evidently a cause of absorption, and operates not on the dead substance but on the living, merely removing the bond of connexion that still holds the slough in its place, and allowing it to fall off or be taken away.

To return, however, to the manner in which an abscess progresses to the surface. I believe it causes the absorption of the structures external to it, in some degree by the pressure it exercises on them. Pressure may be exercised on a part in two directions—from without and from within—and it seems to operate differently in each. When from without, it seems to harden and thicken, and in some respects diminish the sensibility of the part, as is seen in the change that takes place in the skin of the soles of the feet, and in the palms of the hands of those that labour: whilst directed from within, it causes the part gradually to become thinner. Or it may be, that this is the result of the quantity of pressure exercised, not by the abscess, but on it, which will naturally direct it to the point where there is least resistance: thus, when an abscess is seated superficially, it soon comes forward and bursts: when it is deeper seated, the process is more tedious; when it is under a fascia, it spreads and burrows in various directions, because of the unyielding nature of its covering. Still is there something more in the manner by which matter gains an external exit, than can be explained on any principles, either mechanical or physical, for we find, as

in every other vital action, the greatest variety attendant on this process. Thus, the abscess connected with a carious bone, comes forward by a most indirect and tortuous route: that from a necrosed bone comes straight by the part where the bone is least covered: most abscesses have a tendency to approach the surface of the body, no matter what pressure may be exercised upon them, or what position the limb may be maintained in; but abscesses in the neighbourhood of mucous canals have a strong tendency to open into them, and, occasionally, nature makes the most extraordinary efforts to accomplish this purpose.

I know at present a gentleman who had an abscess of the liver, which made its way through the diaphragm and part of the lungs, (these parts having been previously glued by the adhesive inflammation,) and burst into the air cells. This abscess collects periodically; and, once a year, he discharges, by expectoration, an enormous quantity of matter. A similar phenomenon exists in the person of a young lady, except that the abscess burst into the colon, and the discharge takes place by stool. A very short time ago, there was a case in the Meath Hospital in which it is extremely probable a psoas abscess had burst into the colon; and it is well known that abscesses about the hip-joint occasionally burst into, and are discharged through the rectum. A similar tendency is observed in abscesses situated in the neighbourhood of joints to burst into these cavities, even although the influence of pressure may be wholly out of the question. I have seen several instances wherein an abscess, even weeks after it had been opened externally, burrowed nevertheless, and opened by ulceration into the cavity of an adjacent articulation. It appears, then, that the progress of an abscess to the surface is influenced in part by the nature of the disease that produced it, as in the case of the carious bone, and in part also by its situation—the pressure of the adjacent parts on the abscess, and of it on them may also be important; and, perhaps, there may be many other circumstances connected with this subject that have escaped our notice, but which, notwithstanding, may be strongly influential.

When the abscess approaches the surface, the tumour becomes softer and more prominent in one or more places, and the fluctuation is distinctly evident under the attenuated skin. The cuticle then begins to peel off from these points, and in a short time a slough of the skin forms, which yields and allows the matter to escape. Such is the process, when all is left to the operations of nature alone, and hence it might be supposed, that surgical treatment might be dispensed with; yet, are there few cases in which a judicious interference may be more valuable or more important: for on the one side we frequently see a premature overmeddling is worse than unprofitable, whilst on the other, neglect or procrastination may involve formidable and even fatal consequences. This involves all the management of inflammations when resolution is hopeless, and we will now take a glance at that part of the subject.

I think I have mentioned before, that when all chance of procuring resolution has faded away, the nature of the topical applications must be changed: cold is laid aside—and warmth, by means of poultices or fomentations adopted in its room. It is supposed, that the heat and moisture are of service in hastening the formation of the matter, and causing the abscess (according to the old mode of expression,) to ripen: but I have some doubts as how far they are beneficial in this manner, because I do not see that abscesses approach the surface more rapidly under this treatment, or that the quality of the pus is at all changed. But there cannot be a doubt that they render the surface of the skin softer and more pliable: that they re-



lieve tension, and of course alleviate pain; a circumstance of too much importance in this, as well as in every other form of human suffering, not to command the utmost attention. Poultices have been objected to on many accounts, and fomentations recommended in their stead. The weight (it has been said,) is objectionable, and so it is, unquestionably in some instances—the dirt they occasion, and the opportunity they afford to nurses for idleness and carelessness—the injury they occasion if allowed to dry and become hard upon the part when they are really sources of irritation and annoyance—all these have been advanced as objections to poultices, but it is rather illogical to condemn the application for the surgeons or the nurse's ignorance, or inattention in its employment. Doubtless, there are many situations in the body to which a poultice could not be applied: there are conditions of parts, in which its weight would be intolerable: and there may be no disinclination on the part of a nurse to save herself trouble at the expense of the patient's health or comfort: but these are objections not to the medicine, but to the mode of administering it, and an outcry might as fairly be raised against fomentations, on the grounds that a patient may be exposed to cold by his bed-clothes being wetted through negligence. If you look particularly to the wonderful, the almost instantaneous relief a patient will often experience on the application of a poultice, it will be the best answer to these theoretical objections. These remedies (whether fomentation or poultice,) are composed of various materials, suited, or supposed to be suited to each particular case, the particulars of which may be learned from the pharmacopœas, or perhaps more practically, and, of course, more beneficially from observation in the hospital.

Along with this local treatment, the constitution will require some attention, not with a view to hasten or to retard the formation of the matter, but to preserve the system in that condition which will be most favourable to the healing of the future sore. In general, from the moment suppuration has commenced, (if the inflammation is acute) until the matter is discharged, the patient is in a constant state of irritation almost amounting to fever, and which is principally attributable to the pain he suffers. The most certain mode of affording relief is by evacuating the matter if it has formed; but there may be a variety of circumstances to preclude this practice, and then our attention must be directed to moderate the symptoms by other means, of which, perhaps the exhibition of purgative or laxative medicines are the most effectual. Leeches are sometimes applied with a view to alleviate pain, and in some instances opiates may be necessary: in every case it will be most desirable to moderate this irritation, for a state of over excitement is exceedingly unfavourable to the future sore. On the other hand, if the abscess is chronic, the constitution seems to suffer but little during the process of the formation of the matter, and it is only on its bursting, or being opened, that a serious or often fatal disturbance of the system takes place. This is a disease that has been termed of late years "the irritative fever"—it is of too much importance to be taken up at this advanced part of the lecture, but particular attention shall be paid to it hereafter. During the formation, then, of chronic abscess, it appears, that little is to be done except to keep up the patient as much as possible, to a medium state of health, for a condition of weakness or relaxation in the system seems to be unfavourable to the formation of healthy pus. On this part of the subject, however, I may remark, that the nature of pus in a chronic abscess, is almost always influenced by a scrofulous taint in the system, and not by the presence of either strength or weakness in the constitution.

## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE II.—SCROFULA, AS IT AFFECTS BONES AND JOINTS.

*Distortions of the Spine from three distinct causes—1st, From caries of the vertebrae, with curvature backward; 2dly, From weakness of the muscles of the spine, with lateral curvature; 3dly, From a rickety or softened state of the bones—Morbid, or sub-inflamed state of vertebrae, in first species, before caries—Mercury given as a preventative of caries—Great utility of Earl's bed—Utility of issues questionable—Paralysis without caries—Hysteria often mistaken for spinal disease—Tact necessary in examining the spine—Utility of gymnastics for second species—Extent to which carried by Delpech—Third species considered.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—Having given you some general views respecting the true nature, causes, and mode of treatment of scrofula, as it affects the various organs and soft parts of those who suffer under this infliction; I shall proceed to make some brief observations upon affections of the bones and joints, when suffering under the same malady. And, first, I shall commence with the spinal column. The affections or distortions of the spine, to which delicate and weakly persons, affected with scrofula or a tendency to it are liable, are of three distinct kinds:—1st, Distortion of the spine may arise from caries of the bodies of one, two, or more vertebrae, in which case the curvature will be in general directly backwards. I have said in general, for I have seen instances of a lateral curvature from caries of the vertebrae, a circumstance which arose from one of the sides of two or more vertebrae being more engaged in the disease than the fronts. The possibility of such an occurrence, however seldom it may happen, it is necessary to keep in view, as very serious consequences both to the patient and the reputation of the surgeon might arise, were the curvature, because lateral, attributed not to caries, but to muscular debility.

2ndly. Lateral curvatures, in my opinion, generally arise from weakness of those muscles, employed to preserve the body in an erect position. This is a disease which chiefly affects the female sex, and even seems to confine itself to females of the middle and upper ranks of life. Those girls, who are obliged to work for their bread, and are neither braced up in tight stays or subjected to the unreasonable discipline of schools and governesses, as far as regards health, seem to be exempted from this, the most common form of distortion. It is very seldom met with in boys, and when it is, may be sufficiently accounted for from original weakness of constitution.

The third species of spinal distortion is owing to a rickety softness of the bones by which the natural curves of the Italian-S-like form of the spine, are considerably increased. This state of the bones is attributable to one or other of two causes: a deficiency of the phosphate of lime, the earthy principle upon which depends the firmness of the bone, or upon a redundancy of acid in the system which renders this earthy material of too soft a consistence.

I shall now make a few observations on each of these three very distinct species of spinal diseases:—The first, which is commonly called Pott's disease of the spine, because this celebrated surgeon was the first to describe it with accuracy, begins either in the bodies of the vertebrae, or in the inter-vertebral substance. This most serious affection is, in almost



every instance, preceded for some time by general ill health: and more or less of that disturbance in the digestive organs, detailed in my last lecture, as preceding or accompanying the more characteristic symptoms of scrofula. Probably the first symptom that alarms the friends of a young patient is the disinclination to exercise, and a wish to remain at rest in the recumbent position. When an attempt is made to rise from the chair, the hands are often placed on the knees to assist the exertion, for every movement appears now a painful exertion and not a pleasure as is usual to young persons. The gait of the child becomes unsteady—his carriage is stooped—and he is noticed to trip frequently while walking. All these circumstances are sufficient to excite suspicion, and should lead, without delay, to a careful examination of the spine. This is made by striking gently, in succession, the spinous processes of the vertebræ with the knuckle, and if one or more of them be affected, the patient will wince as often as they are struck. We may, therefore, conclude from this examination, coupled with the symptoms detailed, that as many vertebræ are diseased, as, when thus struck, cause the patient to wince. Now the grand query is, what is the state of the vertebræ, or inter-vertebral substance when first affected, before caries and consequent deformity arise? Some morbid state must precede that of caries, or degeneration of the inter-vertebral substance; for it is not likely that these parts would at once become carious or disorganized so as to occasion distortion and pressure on the spinal cord, without some preliminary affection. Now this preliminary affection is, in all probability, from the pain excited on pressure or percussion, the same state of sub-inflammation of the bones and their connecting membranes, ligaments, and cartilages, which is observed to take place in scrofulous affections of the soft parts. The treatment, then, ought to be decisive, so as to prevent, without delay, the disease from proceeding to the state of caries of the vertebræ, and disorganization of their ligaments and cartilages. When called early to such cases, before deformity arises, or that the symptoms of paralysis of the lower extremities which pressure on the spinal cord occasions, are scarcely perceptible, I direct cupping or leeches to the part affected, and prescribe calomel, in combination with opium, so as to protect the bowels, to be given in such doses as will put the system as rapidly as possible under the influence of mercury; and I prefer calomel for the purpose, because I think it possesses this power in a superior degree, to all the other preparations of that mineral. Now, many persons will exclaim against the practice of subjecting a delicate child to the debilitating effects of mercury, which is thought to be particularly injurious to those who are affected with scrofula. It is perfectly true that mercury, carried to the extent of salivation, (which is not at all necessary,) from its weakening effects is injurious to scrofulous persons. But in the practice of medicine, as well as in all the concerns of life, we ought to attend to the sensible old maxim—“of two evils choose the less injurious.” Now, in my opinion, it is the less evil to choose mercury, or any other agent likely to stop the progress of a dangerous affection, which, if left to its usual course will cause caries of the vertebræ with paralysis of the limbs, perhaps, also, of other parts from which the patient may narrowly escape with life after one, two, or three years' confinement, than to run the risk by the exhibition of mercury of injuring a delicate constitution, which, after all, if the course is prudently conducted, may so far from being injured, be decidedly benefitted by its use. This prejudice against mercury, in such constitutions, I rather imagine arose at an early period, when it was the habit to exhibit it in a violent

and outrageous manner, so as to excite excessive pytalism, which no prudent medical man dreams of at the present day: for there are few practitioners now, when they wish to mercurialise a patient, who are not contented when they observe that the gums are rendered tender without salivation, as a sufficient indication that the constitution is under the influence of that medicine. I was induced to try this remedy in the early affections of the spinal column under consideration, in consequence of having witnessed its success in early scrofulous inflammations of the knee and hip-joints, as recommended by my friend and colleague, Dr. O'Beirne; numerous instances of which occurred under my observation in this hospital, and several under my own immediate care in private practice, some of which have been published by Dr. O'Beirne, in the fifth volume of the *Dublin Medical Journal*. Sir B. Brodie, who has enlightened the profession with information of the highest importance relative to the pathology of diseased joints, is of opinion that in morbus coxæ, the disease commences in the cartilaginous surfaces of the joint. Dr. O'Beirne, in the paper alluded to, expresses the same opinion; but in the statement of a case of this disease, successfully treated with mercury by myself, and communicated in the same paper, I made the following observation: “That the synovial membrane of the hip-joint, and not the cartilage, is often primarily engaged in this disease, we may infer from one of the first symptoms which marks its commencement—a fullness in the groin, depending, in all probability, upon the increased secretion into the joint, similar to that which we know takes place in *synovitis* of the knee;” and I think this view is strongly supported by the happy influence of mercury in arresting and removing the progress of inflammation both of the knee and hip-joints which I have since met with. Experience has not, as yet, taught us that mercury has the same power of removing inflammation from cartilage, (if its organization admits of inflammation,) as it indubitably has from membranous tissues. Be this as it may, the great advantages I experienced from the exhibition of mercury in cases of inflammation of the synovial membrane of the knee-joint, as well as in the *first stage only* of morbus coxæ, induced me to use it in several instances of *incipient disease* of the vertebræ, as indicated by the symptoms detailed; and I am happy in having it in my power to state that its success has far exceeded my expectation. It is not to be supposed that once ulceration, softening, or caries of the bones, and inter-vertebral substance, have taken place, that mercurialising the system will be attended with benefit. Its utility and power of preventing farther mischief during the active stage of inflammation of the synovial membrane of the knee-joint is established, but we are not thence to infer that when that membrane is thickened, disorganized, and ulcerated, with matter in the joint, that it can then be of service. The same reasoning applies to inflammation of the membranes, ligamento-cartilaginous, and osseous parts of which the spinal column is composed—that is, during the inflammatory period, before ulceration, caries, and suppuration occur, mercury may be highly useful in arresting the progress of a dangerous malady, but if the proper time is not seized upon for its exhibition, it is likely to do more harm than good, by lowering the powers of a constitution already weakened by disease. The local attentions, in such cases, will be the frequent application of leeches to the part affected, and after each application a warm poultice. When the activity of the inflammation is subdued, frequent blisters to the part, with mercurial dressings afterwards, are the means I would recommend, while the strictest attention is paid to rest in the recumbent position.



Should the disease extend, so as to produce caries of the bones, and softening of the inter-vertebral substance, more or less of paralysis of the lower extremities from pressure upon the spinal cord will probably be the consequence. The patient may be able to shuffle about upon crutches, with some little power of the limbs: or they may be totally paralysed, so that he will not be enabled to support himself for a moment. Sometimes the patient, not aware of the dangerous nature of the malady, in endeavouring to move about, suddenly becomes paralysed in his lower extremities, no doubt by the carious vertebrae giving way, by which a dangerous pressure is inflicted on the spinal cord. It is observable that when the curvature backwards is very acute, engaging, perhaps, only two vertebrae in the disease, the paralytic symptoms are more severe—the pressure on the spinal cord being greater than when the curvature is more obtuse, from several vertebrae being engaged in its production. It should also be recollected that caries of the bodies of the lumbar vertebrae may take place, without any deformity in consequence of the great extent of their articulating surfaces. Some degree of paralysis of the lower limbs or the bladder may, notwithstanding, occur in those cases, owing, no doubt, to the previous inflammation and consequent thickening of the envelopes of the spinal cord.

With respect to the treatment of this disease, when advanced to caries and curvature, little may be said, although volumes have been written on the subject. The steady recumbent position affords our only hope of promoting anchylosis of the diseased vertebrae, upon which our expectations of a cure solely depends; and this being the case, it is not only absolute folly, but ignorant cruelty to attempt, by mechanical contrivances, to prevent that deformity which, under such circumstances, is inevitable, for the caries destroys, more or less, of the bodies of the vertebrae in front; consequently, the frame is bent forwards, and a projection of the spinous processes takes place backwards. If we endeavour, by mechanical contrivances, to prevent the diseased surfaces of those wasted vertebrae from coming into contact, we, at the same time, endeavour to prevent anchylosis, upon which rests our only hope of the recovery of the patient. But nature often effects her object, in spite of the busy intermeddling officiousness of ignorant pretenders to science,—men who often give themselves great credit for a cure which they exerted themselves to the utmost of their powers to prevent. In fact, nothing more is necessary, in my apprehension, than a steady attention to the recumbent position, for which object, the late Mr. Earl's bed or couch, is admirably contrived. This is so constructed as to enable the body or limbs to be raised without any muscular exertion on the part of the patient; and also, so well contrived as to permit the evacuations to be passed and removed without disturbing the spine—a matter of the greatest importance in the treatment of this disease. There is, besides, another contrivance in this bed for facilitating the dressing of issues, which it is the general habit to insert on either side of the affected vertebrae. This practice is, I may say, now sanctified by custom: but I question much their utility. They were, I believe, first brought into use, in this disease, by Mr. Pott, who, observing that a case recovered, in which suppuration occurred in the neighbourhood of the diseased vertebrae, recommended, in consequence, an imitation of nature by the establishment of an artificial drain; and thus, from an incidental occurrence met with in the patient of a man of high authority, this practice was established of inserting issues in the backs of every similar unfortunate, from Pott's day to the present, and may be continued for ages to come. But I question much their utility, except,

perhaps, so far as they may act as counter-irritants at the commencement of the disease, before inflammation terminates in ulceration or caries. Indeed I am satisfied they do not possess any power of arresting the progress of the latter; and, as the object to be obtained, when this occurs, is anchylosis of the diseased bones, they must be injurious in interrupting that process, by rendering the patient uneasy and fidgety, as the chief pressure of the body, while the patient is lying on his back, must necessarily come on the very prominence formed by the diseased bones in which it is usual to place the issues; the daily dressing of which must in itself be injurious, for to accomplish this purpose it will be necessary to turn the patient on his side, except he is accommodated with one of Earl's beds; but these are so expensive as to be almost beyond the reach of the poor. Mr. Baynton, some thirty or forty years ago, opposed this practice, and stated his opinion, in which I perfectly agree, that the steady recumbent position, with attention to the general health, are all that is required for the treatment of carious vertebrae. Earl's bed is not only my chief instrument of cure in such cases, but it is also of great use in promoting the comfort and enjoyment of the patient, who, in this disease, must be doomed to the recumbent position for at least one year; and very fortunate may he esteem himself if he can dispense with it after two—many are obliged to lie even for six or eight years, and some for life. To such the invention of Earl is invaluable—it is his bed by night, and his couch and carriage by day; for, as it is supported on large French castors, it may not only be wheeled from one room to another, but in the open air can be rolled, without injury to the patient, along smooth gravel walks or Macadamized roads.

When anchylosis takes place, the patient is conscious himself of the event, and he feels that he has power to raise himself from his couch which he had not before experienced. It is said that we may trust any patient with a fractured limb to make use of it if he so pleases, as he is conscious from his own feelings whether he would be safe in doing so or not. I do not know what the experience of other practitioners may be, but I have witnessed sad disappointment from too early exertions, in both one case and the other; and the patient obliged, from his imprudence, to submit *de novo*, to a lengthened confinement. However, the feeling of a return of strength in the back ought to be considered as a happy omen for the patient. He may, therefore, now venture to have his back more raised, for which purpose this bed is admirably constructed. When it is deemed prudent to let him use his limbs, the support of crutches for some months will be prudent—afterwards, steel supports, which will throw, in some degree, the weight of the head and shoulders on the hips, will be useful. In females they are usually attached to their common stays.

Diseased vertebrae are frequently accompanied with the formation of matter, forming, what is termed lumbar abscesses. These, sometimes, appear in the loins; more frequently, the matter follows the course of the psoas muscles, passes under Poupart's ligament, and appears in the front of the thigh, in which situation, when small, it might be mistaken for femoral hernia. The matter, sometimes, makes its way through the sciatic notch, and appears in the gluteal region. Sometimes it opens into the rectum, (of which, gentlemen, you see here a preparation,) and is often mistaken for fistula in ano—the history of the case—the long-continued pain in the loins—the immensity of the discharge, far exceeding that which occurs in ordinary fistula, are the leading symptoms to point out the nature of the disease. Sometimes the matter will take most extraordinary routes. Here is a



preparation in which there is extensive disease of the intervertebral substance attended with abscess, and in which the matter made its way into the sheath of the spinal marrow. There is another still more extraordinary of a case in which the dorsal vertebræ were engaged, and the abscess which formed passed into the lungs and œsophagus. My late much-regretted confrere in this hospital, Dr. McDowell, published an account of the case in one of the early volumes of the *Dublin Medical Journal*.

I need scarcely inform you that psoas abscesses are attended with the utmost danger; and that if you open them in the ordinary way, so as to admit the air, such inflammation may arise over the whole extent of the cyst of the abscess, attended with high symptomatic fever, that the life of the patient will be endangered; and, consequently, the character of the surgeon, who is guilty of this imprudence, be compromised.

Mr. Abernethy's proposal of drawing off the matter, occasionally, by a valvular-like opening, and then closing the aperture with adhesive plaster, was a great improvement: but I have in general found that punctures, in those cases, however carefully made, sooner or later re-open by ulceration, and, consequently, our patients are subjected to all the risk from too early admission of air.

After ample experience I can confidently say, that our safest course is not to meddle with abscesses which are connected with those vertebræ. Nature manages them much better than we can; and, by letting them break spontaneously, I have seen many cases, both in public and private practice, recover; but not a single one in which a puncture was made, even on the Abernethian plan, although it must be allowed to be a close imitation of the process of nature. For, when an abscess of this description breaks, I have observed that there is a considerable flow of thin matter for some hours—then that it stops altogether for some days, in consequence of the opening being plugged up with a portion of the lymph or curd-like substance which floats in these kind of abscesses. A flow of matter again occurs, and, afterwards, another stoppage from the same cause; and thus, by an occasional discharge, nature, when not intermeddled with, often brings those kind of cases to a favourable termination. I have, for many years, pointed out these facts to the pupils exemplified by the cases in this hospital, and have met many fortunate instances of the same description in private practice—one of which I have just ceased to attend, in conjunction with Dr. Nolan of this city.

Paralysis of the lower extremities frequently occurs, but in females particularly, without any disease of the vertebræ. The loss of power in the limbs, in several of these cases is so great, that the patients are not able to support themselves for a moment: but I have met with no instance in which there was a want, or even a diminution of feeling, and the patients, though not able to stand, can, in general, move their limbs in the bed. In several cases of this description, which came under my care, the paralysis succeeded to fever, in which the head was much engaged and accompanied with pain in the loins. Some affection of the brain and spinal cord, probably of an inflammatory nature, with consequent depositions of serum or lymph, might have occurred in those cases. In two instances of death from this disease, one of which I saw in consultation with Mr. Ribton, we found all the vertebræ sound, but the entire theca vertebralis filled with serum.

Some years since, I attended a gentleman about sixty years of age, who was attacked with violent pains in his joints, numbness of his feet, and after some time with a complete paralysis of the lower extremities,

and partial paralysis of the bladder. He lived in this state about a year. On the *post mortem* examination, the theca vertebralis was filled with serum; but no water was found in the ventricles of the brain, which was sound. One of this gentleman's daughters, aged 18, afterwards came under my care, and lay upwards of a year on Earl's bed, on account of paralysis of the lower extremities, without any disease of the vertebræ. During her confinement, frictions of tartar emetic ointment were frequently employed along the course of the spine. She recovered the use of her limbs, and has remained well ever since.

In all the cases I met with of this paralysis of the lower limbs, the patients were scrofulous or belonged to families in which that disease was known to be prevalent. The treatment I have pursued has been the recumbent position, with the application of counter-irritants along the whole course of the spine, such as the tartar emetic ointment, or a succession of moxæ applied in such a manner as to do little more than vesicate the surface. In general, in such cases, the patient will complain of more pain on pressure or percussion in some parts of the spinal column than in others, and these parts I have subjected most to the system of counter-irritation. Earl's bed is as necessary and as useful for these instances of paralysis, as it is for those in which the bones are affected; but our prognosis may be more favourable than in the latter cases. In many instances of this disease which came under my observation, recovery took place rather suddenly. The patient, for instance, may have been lying on her back, for many months unable to move, but will discover, unexpectedly, that she is restored to the power of sitting up in her bed: and may also be able to support herself on her limbs, although previously she was totally bereft of this power. It ought, however, to be exercised with great caution, probably as great as that required by those recovering from caries of the vertebræ.

In the case of a young lady who was lately under my care, this sudden recovery took place after she had lain on the couch upwards of a year. Notwithstanding my warning, she made use of her powers of locomotion too soon—she walked to church—sat out the entire service, but the next day found herself unable to move; and, in consequence of this indiscretion, she lay several months on the couch; but, I saw no more of her, as a professor of homœopathic medicine, under whose care she fell, gave her some magical powders which, at the termination of *six or seven months afterwards*, enabled her again to move, and she is now gone to France, where, I trust, the change from a moist to a dry climate will have a most favourable effect upon a person of her delicate constitution.

We might imagine from the sudden recovery of those cases, that the disease was of an hysterical character; but the *post mortem* examinations I have made, as already mentioned, proves the reverse. At the same time, I am perfectly aware that hysteria may simulate the worst form of disease of the spine, as well as almost every other malady; and so much is this the case, that the patient will even *wince* when the vertebræ are struck. But there is no part of the body of an hysterical woman, when touched, that will not evince a similar state of morbid sensibility. This circumstance, together with a consideration of the state of the catamenia, and the indescribable expression of countenance, which marks the existence of hysteria, will enable a man of experience to distinguish it from the various organic affections it simulates. You must, yourselves, by study and observation, endeavour to learn the true characters of hysteria, and how to distinguish it from other disorders; for, it is impossible by words to convey to you any accu-



rate mode of diagnosis which might be of use to you in practice. Only this I think it my duty to tell you, that you ought to make yourselves well acquainted with this harlequin disease, for if you pronounce that a young lady about whom you are consulted, for the lost use of her limbs, and who winces when you strike the vertebrae, is afflicted with spinal disease, and must, consequently, have issues inserted in her back, upon which she must lie for at least a year, you may find yourself egregiously wrong; and, it may happen, that instead of complying with your unpalatable advice, she, in a few days, leaps out of bed—declares her determination to go to a ball that very night; and, most provokingly, notwithstanding the entreaties of her friends, and prognostics of her physician, not only puts her threat in execution, fearless of consequences, but gallopadés and waltzes the entire evening, to the great dismay both of physician and friends, and feels herself perfectly well in the morning: and this, gentlemen, let me assure you, is not a very uncommon occurrence among professional men, even of considerable experience; but I must also assure you, that I myself never suffered martyrdom by the commission of such a blunder.

I shall now proceed to call your attention to the second species of spinal distortion, usually denominated lateral curvature, which I have stated to depend upon weakness of those muscles employed to preserve the body in an erect position. There is no caries or disease of the vertebrae, or any affection of the spinal cord producing paralysis in this form of distortion, and it is not attended with any other danger to the patient than that of permanent deformity.

This affection comes on in a most insidious manner: before any deformity is apparent, the girl may be observed to avoid the erect position by her constant disposition to recline on any thing which can afford her support; or to prefer some particular position by which the weight of the head is thrown off the middle line of the body. The first appearance which strikes the friends of the young lady (for this disease seems to be confined to females in the middle and upper ranks of life,) is the projection of one of the scapulae, owing to the prominence of the ribs to that side to which the vertebrae are inclined. Advice is then sought after; but some little knowledge or tact is required in conducting your examination, so as to ascertain whether or not lateral curvature or a tendency to it exists.

If you desire a patient *at the commencement of the disease*, to sit or stand erect, the spine may appear perfectly straight; but if when prepared for examination you desire her to sit for a few minutes in her usual attitude, you will then discover by running your finger along the spinous processes, whether the spine inclines to one side or the other. If the inclination is discovered early, there may be but one curvature, but then in the progress of the complaint, one curvature is met by another, and that by a third, and this last, by a projection of the opposite hip, so that the spine will resemble a cork-screw, as you see by these various preparations of distorted spines—and here you observe by the interstitial absorption caused by pressure, how unequal are the sides of those vertebrae, so that a deformity which, under proper measures, might easily be prevented or cured in the first instance, now becomes permanent and incurable, which, I fear, is always the case, when the vertebrae themselves become thus misshapen. For you see some of them, where the incurvation of the spinal column is considerable, presenting a wedge-like shape, one side being double the thickness of the other. The only rational mode of cure is to strengthen the muscles of the back by exercise; and here the

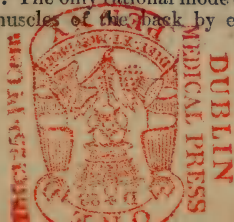
system of gymnastics by which those muscles can be brought into action affords our chief resource.

Mr. Huguenin, professor of gymnastics, has invented a great variety of modes by which this object may be obtained. When the young lady is at rest, and exercises only her mind, she ought constantly to lie on an inclined plane, in any manner most agreeable to herself, the object being merely to lessen the weight of the head and shoulders on the spine, until the muscles are rendered sufficiently strong, by gymnastics, to support the body in the erect position. But it will not answer any good purpose to practice gymnastics in the inefficient manner usually pursued, when half an hour or an hour's exercise every day, or every second day is thought to be sufficient. In order to be beneficial in restoring the spine to its natural state, no other exercise should be used, and, therefore, the patient should have the means of practising it always at hand, in order to have recourse to it whenever she is tired of the recumbent position.

Some years since, passing through Montpellier, I visited the establishment of M. Delpech, for the treatment of curvatures of the spine, accompanied by that celebrated and highly-gifted surgeon. He conducted me first into his museum, in which were arranged, *seriatim*, casts in Plaster of Paris, of the spines of the patients in the establishment, taken every third month, which indicated the progressive improvement of each individual case. He showed me his apartments for those young ladies affected with caries of the spine, and his couches or beds, none of which I thought, however, equal to Mr. Earl's invention. He then conducted me through his beautiful and spacious grounds, planted with the utmost taste and effect, in which the inmates of this institution, consisting of young ladies only, practised gymnastics. There were scattered through these grounds, a variety of gymnastic machinery, calculated to bring every muscle in the human body into play; and, without exaggeration, I can assure you, that I never saw Astley's corps evince more activity, or display greater muscular powers. After expressing my astonishment at what I beheld, M. Delpech observed: "And yet, these are the very persons, the casts of whose spines you have been looking at, and who, when they first came to me, could with difficulty walk." As a medical man and a stranger, I was permitted, by special favour, to see this admirable institution, established by a man, whose untimely death, since, by the hands of a lunatic, has deprived the world of one of the ablest surgeons in Europe. I was well aware of the benefits to be derived from exercise of the muscles of the spine, as a remedy for lateral curvature before I visited this institution: but the advantages I witnessed there from gymnastics, carried to an extent we little dream of in this country, made a deep impression upon my mind.

Cold sea-bathing, and cold shower baths in summer; and tepid at the temperature of from 80° to 90° during winter, with friction by means of flesh brushes over the muscles of the spine will also be most serviceable.

With respect to stays and monitors, with a view of supporting the spine, and restoring the shape, they are worse than useless, they are positively mischievous, as interfering with the exercise recommended. Whenever a young growing person affected with lateral curvature, sits up as at meals, or in practising at the pianoforte, she should support herself against the back of her chair. The absurd habit of obliging young females to sit erect, without any support, and particularly as is practised in schools on forms without backs, has rendered, I believe, one-half of the present generation of women of the better rank of life, more





or less, crooked and distorted. It is to be hoped that the rising generation will be more fortunate.

With respect to the third cause of distortion of the spine, that which depends upon a ricketty softness of the bones, and in which the joints are particularly large—I have merely to observe, that this state of the spine can only be treated by those attentions to the general health laid down in my last lecture—with the exception of exercise, which can not be used without increasing that distortion, which the softness of the bones, not being able to support the weight of the body has produced. Our only substitute for exercise in such cases, is the use of the cold or tepid saltwater bath, with frequent frictions to the skin.

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

Dec. 7, 1839.

MR. PALMER IN THE CHAIR.

Dr. MAUNSELL, in the absence of Dr. Peebles, read a case of congenital encysted tumour in the pelvis; for which see *PRESS*, Vol. II., p. 386.

Dr. HOUSTON said, that when making the dissection of the tumour, one of the most remarkable circumstances which he had observed, was the state of the bladder. It was in a state of inflammatory congestion, thickened in an extraordinary manner, and had a firm and almost cartilaginous feel. He thought that the urine secreted during fetal life must have been retained, and that the retention of urine which, after birth, had been relieved by the introduction of the catheter must have existed for some time previous to parturition.

Dr. MAUNSELL said, that in looking over the case, he perceived that the child had laboured under symptoms which, in some degree resembled those of Phlegmasia Dolens. The left leg and thigh were swollen, and felt hard and knotty in the direction of the veins and absorbents. It would appear that pressure on the vessels, caused by the tumour, had given rise to a species of Phlegmasia Dolens, as indicated by the swelling and tension of the limb, as well as the congested state of the femoral and iliac veins.

Dr. O'BEIRNE said the case was interesting in many respects, but there was one point which seemed to require explanation. He had never met with an instance where the cœcum and colon were found quite empty, in which there was not either a membranous band, constricting the intestine above the empty portion, or a volvulus. He would be glad to know if there were any marks of intussusception in this case.

Dr. PEEBLES, who had entered the room during the discussion, said, that the intestines appeared to have been paralysed, but there were no traces of intussusception, or obstruction. As to what had been observed by Dr. Maunsell, respecting the left lower extremity, he could not coincide with him in opinion; he thought Phlegmasia Dolens a very different disease.

Dr. MAUNSELL said, that he did not mean to say that it was a true case of Phlegmasia Dolens, all he wished to convey was, that the state of the limb taken in connection with that of the veins, seemed to throw some additional light on the present views of the pathology of that disease.

Dr. O'BEIRNE said, that though an advocate for the use of the rectal tube, he would rather avoid it in the case of new born infants, particularly as he thought there were other measures which might be employed with success. On one occasion he was called to see a child about five months old, who was stated to be labouring under obstinate costiveness; for the space of sixty hours, various attempts had been made to

move the bowels, but in vain, and it was supposed that nothing but the tube could give relief. Dr. O'Beirne brought the instrument with him, but seeing the child so young did not wish to pass it, and ordered a small blister to be applied over the sacrum, and after this had risen to have the enemata repeated in the usual way. This plan was attended with complete success. He was once of opinion, that the tube might be employed in cases of constipation in new born infants, but he had changed his mind for some time back, and would avoid the use of it as much as possible.

Dr. PEEBLES said, that with respect to the use of the catheter in the case under consideration, the instrument employed was a very small gum elastic catheter, which was introduced without the stilet, having been previously softened by heat and well oiled. In this way it passed freely. In consequence of the small calibre of the tube, the water was very slowly drawn off; and there was some difficulty felt in finding the orifice of the urethra, as there existed a kind of natural phymosis.

Dr. BEATTY said, that the tumour was the most interesting feature of the case, and he believed there was no instance of the kind on record. From the thickness and smoothness of the walls of the cyst, it would be natural to infer that it must have been of long standing, and have originated at an early period of fetal life. It would appear also, that there had been retention of urine before birth, at least, such would be the inference drawn from an inspection of the state of the bladder.

Dr. DUGGAN said, that this was the first time he had heard of fetal retention of urine. He wished to know if any one had discovered the existence of urine in the liquor amnii.

Dr. MAUNSELL said, that every one who practised midwifery, must be aware that urine was frequently expelled from the infant's bladder, in the act of birth, and of course if urine be known to exist in that organ before birth, there could be no difficulty in supposing that it might be morbidly retained there.

Dr. HOUSTON said, that the effects produced on the bladder were very remarkable; the hypertrophy of its tissues, and in particular of its muscular coat, was as great as if it had existed for years. The child was only seventeen days old at the time of its death, and this would go to prove that the bladder must have acted before birth.

Dr. DUGGAN thought that the same cause which gave rise to the tumour might have produced the hypertrophy of the bladder.

Dr. MONTGOMERY said, that urine had been discovered in the liquor amnii by several persons, but in particular by Mr. Rees of London. It was also known to Berzelius, who had detected urea in the liquor amnii, on several occasions. A circumstance which had come under Dr. Montgomery's notice, would lead to the same inference. On opening the body of a still-born child, shortly after birth, with the view of ascertaining the nature of a tumour which appeared in the hypogastrium, he found that it was caused by enormous distension of the bladder and ureters, the latter being as thick as his middle finger, and convoluted on themselves. The urethra was imperforate and obliterated. This fact proved that the secretion of urine must have been going on for some time before the birth of the child.

Dr. HARGRAVE then read the following notes of the dissection of an injury of the ankle joint:—In bringing before the Society, the following account of the appearances of a very old injury of the inferior part of the leg, and of the ankle-joint, in which some of the symptoms were not very evident; and the



subsequent dissection of it; my object is mainly to direct through the merited influence of this Society, the attention of our young friends who take such a lively interest in our proceedings, not alone to the healthy anatomy of the different articulations, but also to them when in the opposite condition. Although many consider their anatomy simple, and consequently that no great difficulty exists in treating their injuries; still those engaged in practice, know too well the obscurity that occasionally involves a correct diagnosis in this class of diseases, and if an error is committed in this important step of the treatment, too often irremediable lameness is the consequence. In the case to which I now refer, no history of the accident could be had, as the patient, a male, was brought into the City of Dublin Hospital in a state of paralysis, dependant upon an affection of the brain, of which he died a few days after admission, without having made any rally so as to recover his consciousness.

*State of the limb during life.*—What appeared to be the internal malleolus, projected inwards to a considerable extent, while the external one was very prominent in the opposite direction.

The instep, immediately anterior to the ankle-joint, was very wide, and upon examining this region carefully, and to the external side of it, a bony prominence was evident, which appeared to be a part of the astragalus. Along the inner edge of the foot, immediately below the internal ankle, was a very deep hollow, extending in the antero-posterior direction, while the external edge of the foot, anterior to the ankle of that side, was full and prominent. The foot and ankle-joint were evidently carried outwards, consequent to a fracture of the external, if not, also of the internal ankle; the foot was also turned with the internal edge slightly upwards. The motions of flexion and extension were very limited.

*Dissection.*—Fracture of the internal malleolus, the point of it being attached to the internal lateral ligament; and osseous union between the fractured portions of this malleolus, the superior part of it having thrown out a large callus, almost an exostosis; the fibula was fractured about a hand's breadth above the external malleolus; osseous union of the tibia and fibula for a considerable distance above the articular cavity for the astragalus was evident; the peroneal groove of the fibula was very deep, and the peroneal tendons bound down by a very dense fascia.

The groove behind the internal ankle was also well defined, and the tendon lodged in it well secured by a very resisting fascia, while a strong band of fascia extended from the inner ankle to the inner surface of the os calcis.

Of the lateral ligaments, the external one, the middle or perpendicular and the posterior divisions of it were unusually strong; not so the anterior part, which was extremely weak.

The internal lateral ligament was very weak and partly absorbed, whether this was owing to original injury or subsequent to the accident, it is difficult to decide.

The astragalus presented the appearance of having suffered a species of partial luxation, the head being partially thrown from the cavity, in which it moves in the navicular bone; while the tibial articulating surface was partially turned outwards, and the surface of it, which plays against the fibula, together with that of the fibula were much enlarged.

I have looked for dissections, and have not found any corresponding to the characters of the injury now presented to the Society; in the 18th plate of Cooper on Dislocations, is a representation of a luxation of

the tibia inwards, with a perpendicular fracture of the external portion of the tibia.

In the Cyclopædia of Anatomy, article, 'Abnormal Ankle-joint', is a dissection of a case of luxation of the tibia inwards, with oblique fracture of the fibula, running internal to the external malleolus.

Mr. PORTER said, that in the absence of more interesting topics, he would call the attention of the Society to a case which had occurred in his practice, within the last few days. On Sunday evening last, a man aged seventy, was admitted into the Meath Hospital, with symptoms of strangulated hernia. He had a tumour in the left groin, resembling in size and shape, the longitudinal bisection of a turkey egg; above it, the line of Poupart's ligament could be felt, and from a brief examination, Mr. Porter was satisfied, that it was a case of crural hernia. The man vomited, and had considerable pain. As persons at that time of life, bear strangulation of the intestine very badly, and sink very rapidly under its effects, Mr. Porter thought there was no time to be lost, and proceeded without delay to the operation. Previous to this, however, he was anxious to ascertain the contents of the tumour, and with this view, made careful percussion over the whole of its surface. It sounded dull at every spot but one, where there was a slight degree of clearness. This led him to conclude, that it was an old omental hernia, but that a knuckle of intestine had recently slipped down, and becoming strangulated, had given rise to the bad symptoms. In performing the operation, he took very considerable pains to avoid the spermatic artery, and in particular, only introduced as much of the blade of the knife as would be barely sufficient to free the stricture. Having removed the stricture, he replaced the knuckle of intestine with great facility, but when he attempted to reduce the omentum, he found it strongly adherent. This occasioned a considerable degree of perplexity, for Mr. Porter has found by experience, that leaving the omentum in the wound leads to bad unhealthy sloughing, which generally proves fatal, while on the other hand, excision is highly dangerous where there are large veins, it being a matter of great difficulty to prevent hæmorrhage into the cavity of the abdomen. He therefore, adopted the only alternative, which, under the circumstances, appeared to him to be least pregnant with danger. Having carefully divided the adhesions, until the prolapsed portion of omentum was quite free, he returned it with as little disturbance or handling as possible, and closed the wound. The man went on well on the following Monday, Tuesday, and part of Wednesday. He slept tolerably well, had two or three discharges from his bowels daily, and complained of nothing but an old cough, which disturbed him from time to time. On Wednesday afternoon, he said he felt considerable pain in the belly. Mr. Porter examined him, and found a hard tumour near the place where the hernia had existed; this he concluded to be the returned portion of omentum in a state of inflammation. Leeches, purgatives, and all the usual means were tried, without avail, the man's bowels became obstinately constipated, and nothing could move them. The tube was introduced by Mr. Parr, with his usual dexterity, and enemata of various kinds administered, but without effect; symptoms of peritoneal inflammation set in with great intensity, and the man died last night, about forty-eight hours after the first appearance of the attack. On dissection, marks of extensive peritoneal inflammation were discovered. The omentum adhered to the parietes all along the front of the abdomen, and was divided by the incision, which opened the cavity of the latter. The prolapsed knuckle of intestine, was of a darker colour than the rest of the



tube, but was otherwise sound. The omentum was hypertrophied and the part which had been protruded, was so dark in its colour, and of so offensive a smell, that Mr. Porter looked upon it as gangrenous. The next step was to dissect carefully about the seat of stricture, in order to verify the amount of danger incurred in dividing it. He did not intend to enter into any anatomical disquisitions on the occasion, but merely to state the facts, and these were, that in dividing the stricture, the edge of the knife had gone within half a line of the artery, and had it gone the least bit farther, the vessel must have been wounded. This fact shewed the value of Scarpa's advice, and the danger to be apprehended from the proximity of the spermatic artery. Besides, it is sometimes difficult to say whether the hernia be an inguinal or a crural one. A very curious feature in the case was, that the man should have gone on so well for three days after the operation, and then that inflammation should have commenced at one spot, and extended so rapidly over the whole abdomen. Mr. Porter concluded by exhibiting the portion of omentum, which had lost much of its original colour, by being kept in spirits.

Mr. SMALL said he wished to know how Mr. Porter had divided the stricture. He understood that the danger was much diminished by using the knife in a certain way, that is, in the manner of a wedge.

Mr. PORTER said he always divided the stricture by using the knife as a wedge. He was satisfied that using the knife with a sawing motion was dangerous, if an artery was near, and no one could calculate the proximity of the spermatic artery to the neck of the sac, but one who had dissected the parts. He thought, that in all cases it would be much safer to cut directly upwards, than either inwards or outwards. Again, only as much of the blade of the bistoury as will be barely sufficient to divide the stricture should be introduced.

Dr. O'BEIRNE asked if it would not be more dangerous to return a portion of omentum, so thickened and altered, than even to run the chance of hæmorrhage into the cavity of the abdomen. The profession is at present in possession of so many means of removing deposits of coagulated blood, by means of mercury and hydriodate of potass, that he should not feel so much alarm from hæmorrhage into the abdomen, as from the reposition of a portion of omentum, such as had been exhibited. The matter had been fully discussed in the *Memoires de l'Academie des Sciences*. For his own part he would prefer excision, at the same time that he thought that a number of ligatures would be improper.

Mr. PORTER said he was glad the discussion had taken the turn it did, as his chief wish was to obtain information. His experience with respect to leaving the protruded portion of omentum in the hernial sac, was that it runs either into unhealthy ulceration or sloughing, which runs down the patient. He thought that on this point he was borne out by high authorities. With respect to hæmorrhage, it presented a most important point for discussion. Hæmorrhage into the abdomen after excision of a portion of omentum, is met with under two very different circumstances. In one case the effusion is small, circumscribed and limited to a distinct spot, in the other, it is more copious and diffused over the abdomen. In the former case, the danger was comparatively small, and he would agree with Dr. O'Beirne, that cases had occurred, in which the localization of these circumscribed effusions had been diagnosed. If he thought the blood would remain in one spot, he would not be apprehensive, but it will not do so, it will become diffused over the abdomen, and where this occurred, he looked upon it as a mortal symptom. He recollected

a case which was operated on in Steeven's Hospital, in which a small vein was divided. Every thing went on very well, but Mr. Porter thought it would have been better if the vein had escaped. The man went on very well for fourteen or fifteen hours, but at the end of forty-eight he was dead. The intestines were covered with a layer of effused blood. If he were to lay down a principle, he would say that the diffused hæmorrhage is inevitably fatal, but that the circumscribed is not.

Dr. O'BEIRNE thought that torsion might be advantageously employed in such cases.

Mr. PORTER—As far as the arteries are concerned.

Dr. HARGRAVE enquired if Mr. Porter would divide the stricture upwards, if another case of the kind came before him.

Mr. PORTER answered in the affirmative.

Dr. HARGRAVE—Why not divide Gimbernat's ligament.

Mr. PORTER—You cannot get so far back.

Dr. HARGRAVE enquired if the operator had paid any attention to the relative situation of the vas deferens.

Mr. PORTER said it was higher up and more out of the way.

Dr. HARGRAVE—Do you think that fatal hæmorrhage would be the result of dividing the spermatic artery?

Mr. PORTER—I don't know—but whatever blood it furnished would be effused internally.

Dr. HARGRAVE—Was there any hæmorrhage in your case.

Mr. PORTER—No.

Dr. HARGRAVE said he had operated on a case of hernia last January, in which there was a large portion of protruded and adherent omentum. He cut away nearly the size of a small orange; not thinking it advisable to replace it, the patient went on very well for some hours, and then sank apparently of internal hæmorrhage. He would sooner apply a small ligature to restrain venous hæmorrhage, than run the risk of effusion into the abdomen.

Dr. DUGGAN—Mr. Porter seems to say that cases followed by sloughing are fatal.

Mr. PORTER—I think so.

Dr. DUGGAN—I have seen three cases in which the omentum in a state of slough was left in the wound, and yet all terminated favourably.

Mr. M'Coy mentioned a case of old inguinal hernia, which had become strangulated. After removing the stricture, he found that a portion of omentum was so strongly adherent, that he could not separate it without a very tedious dissection. He left it in its situation, and closed the wound. The man recovered and remains still with a tumour in his groin.

Mr. SMALL wished to know what was the exciting cause of inflammation in Mr. Porter's case.

Mr. PORTER—The inflammation obviously commenced in the protruded portion of the omentum. Perhaps it was too much handled, an accident unavoidable in the dissecting of its adhesions.

Dr. BENSON detailed a case of pericarditis in a child, five months old. The remarkable features of the case were, the extreme youth of the patient, the great quantity of lymph thrown out on the surface of the heart and pericardium, the hypertrophy of the left ventricle, and the fact, that the disease had been wholly unsuspected during life, although under the treatment of three medical men of considerable experience. It had been ill for three days, the illness being chiefly indicated by screaming, and looked upon as some affection of the bowels. It was then seen by the medical attendants, who thought the disease had its seat in the abdomen, and administered active pur-



gatives, under the use of which scybala were passed from time to time. The child was then brought up to town, and treated nearly in the same way, the impression being still, that it was derangement of the bowels. The child, however, died on the eighth day. Dr. Benson did not see the little patient during life, but made the post-mortem inspection at the request of the father. The intestinal tube was very much contracted and flattened, but exhibited no obvious marks of disease, and there was no trace of peritoneal inflammation. As the child had been slightly jaundiced, he examined the liver with care, but could not detect any thing more than simple congestion. He enquired if there had been any symptom of disease of the brain, or of the chest, and was told there was not. He was informed that there had been some difficulty of breathing, but this had not appeared until shortly before death, and might have arisen from various causes. Previous to concluding the dissection, Dr. Benson, from curiosity, made an incision through the diaphragm, and was surprised to find a quantity of fluid escape from the pericardium. On examining further he found the surface of the pericardium and heart coated with a thick layer of lymph. The walls of the left ventricle, when divided, presented an unusual thickness; where the lung lay in contact with the diaphragm there was some lymph exudation, but there was no pneumonia. Dr. Benson observed, that in many cases pericarditis is attended with little or no pain, but when the pleura is affected, it is curious that this symptom should be absent. It would appear that the pleuritis was of recent date, and that the disease was much farther advanced in the heart. There was, however, no trace of endocarditis. The stethoscope was not employed. Dr. Benson exhibited the morbid specimen, which attracted much attention.

Dr. BEATTY said that he supposed the idea of abdominal disease in this case might have arisen from the fact of the child wincing under pressure over the epigastrium. Mr. Mayne in his remarks on pericarditis in the *Dublin Medical Journal*, has observed, that one of the most remarkable symptoms in the early stage of pericarditis, is epigastric tenderness.

Dr. MONTGOMERY said that he never had met with a case of pericarditis in so young a child, and enquired if there was any disturbance of respiration.

Dr. BENSON said there was, but not enough to direct attention to the seat of the disease.

Dr. HOUSTON enquired if there was any lividity of face.

Dr. BENSON said there might, but it had not attracted notice.

Dr. HOUSTON enquired if the valves of the heart were sound.

Dr. BENSON said there seemed to be no mark of internal disease of that organ.

Mr. SMALL asked if Dr. Benson thought the disease had been developed during the short period of the child's illness.

Dr. BENSON said he had seen remarkable hypertrophy occurring in the space of a fortnight, and that in cases where there was no evidence of its previous existence.

Mr. PALMER asked if the pulsation of so large a heart could not be detected.

Dr. BENSON—There had been no suspension of thoracic disease.

Dr. MURPHY wished to know if there was any thing in the previous history that might throw light on the disease—had the child been put into cold baths?

Dr. BENSON said he was not aware. The child had been left at nurse with a woman in the country, and persons of this class are not over careful. They subject the delicate children of citizens to the same treatment and exposures as their own.

## TO CORRESPONDENTS.

*Communications received from Drs. Thomson, (Lisburn,) Cullenan, (Kilmacow,) Whittaker, (Ballina,) Lynch, (Charleville,) Bree, (Stowmarket,) Coote, (Dungloe,) O'Brien and Enright, (Emis,) Kelly, (Strokestown,) Neville, (Dungannon,) Antisell, (London,) James, (Bailieborough,) Fullerton, (Garvagh.)*

*Mr. Halpin's valuable paper on Club Foot is in type, but we are reluctantly obliged to postpone it until next week, when we hope to be able to give our readers a Supplement of eight pages.*

*With the present Number we forward the Title and Index of Volume II. on a Stamped Supplement.*

*We cannot concur with our correspondent, J. F. P., in blaming the Directors of the Apothecaries' Company for requiring proof of the identity of those who come before them for examination, and must, therefore, decline inserting his letter. To be suspected is no doubt unpleasant to an honest man, but in the case of our correspondent, we do not think any personal offence was intended.*

## TO OUR SUBSCRIBERS.

*Gentlemen in arrear are requested to forward their subscriptions.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 8, 1840.

## FROM THE EDITORS TO THE READERS.

THE termination of our first year, and second volume, demands a few observations relative to past labours and future prospects. In our introductory address last year we said, that "while we are sanguine in our hopes of support and encouragement, from generous and public spirited men, we anticipate with certainty, that opposition, discouragement, and interruption, which every enterprise or departure from the beaten track has to encounter in this country." Both these anticipations have been confirmed. Support and encouragement equal to our most sanguine hopes, we have experienced, and opposition even more active than we expected, we have encountered. Both have contributed to the success of our undertaking, the first directly and practically, the second indirectly and unexpectedly, by enlisting on our side the friends of independence, and the advocates of freedom of thought and action. On a continuance of this support we rely, and as we said in our introductory address, "we are almost induced rather to claim it as a right, than to supplicate it as a favour." At serious pecuniary risk, great sacrifice of valuable time, and with much laborious exertion, we have supplied at a critical moment what every man must admit was, and is, absolutely necessary for the safety and welfare of the profession—an independent journal of which every man can avail himself as freely, as he does of the pen, ink, and paper upon which he writes his letter, or the post-office which transmits it. Surmounting difficulties, which no one before us ventured to encounter, we have, we may say, laid down a railroad for the transmission of knowledge to our brethren, and with our own hands made, worked, and fed the engine which traverses it. In the same introductory address, we asserted as an argument in favour of our undertaking, that "in the country, gentlemen have been kept in total ignorance of what is going on in the metropolis, or are misled by imperfect information and misrepresentation," that, "in Dublin they are equally ignorant of the real state of the profession in the provinces," that, "year after year in-



formation of the utmost value had been lost, from the want of an efficient vehicle for its effectual diffusion," that, "emulation had ceased, and a deplorable apathy been engendered by the absence of competition and the want of the stimulus of example," and that, "the rights of individuals and the interests of the profession at large, had been compromised or sacrificed from the want of a medium through which their complaints could be conveyed, or their wants made known to the legislature or the public."

The existence of these evils no candid man ventured to deny, and the credit of providing a remedy for them cannot be withheld from us, we therefore repeat it, that we claim support, because the members of the profession are quite as much interested, as we can be in the success of any effort to promote mutual instruction, and secure co-operation for purposes of protection or general utility.

If a necessity existed twelve months ago for exertion, and redoubled efforts to preserve the profession from oppression and degradation, that necessity now exists in a tenfold degree. The new poor-law is just coming into operation, and, as our last number testifies the very first question raised respecting its operation, is one seriously affecting the rights of every medical man who seeks to be employed under its provisions. Changes in medical government are inevitable, even though the whole strength of the adherents of existing arrangements should be *clubbed* to resist them elsewhere as in Dublin. Regulations, as we have shewn in a former number, have been made by the London College of Surgeons, to inundate this country with uneducated practitioners, which if not defeated, will, in five years, totally alter the face of medical affairs; and the denial of adequate remuneration for public services, so far from being relaxed, is justified and enforced by authority and power.

Is this then a period to indulge in repose or yield to apathy? Is this a moment to allow any paltry coalition of selfish medical tradesmen to paralyze our efforts? or, above all, is this a time to undervalue the best and perhaps the only effectual weapon of defence, a free and independent press? Those who know any thing of us, will admit that we make not this appeal in a spirit of mere selfishness, or with a view to mere lucre. Had these been our motives, we should never have undertaken the task we have imposed on ourselves. We invite our brethren to co-operate in a united effort for the general good, and do not hesitate to tell them that their safety depends on their firmness in resisting the common enemy.

We said in the same introductory address, to which we have already alluded, that we looked forward to opposition, and were prepared for it; but we must confess that we did not anticipate the description of opposition we have encountered. We felt that we had no right to expect to escape the consequences of a spirit of rivalry or competition; but we did not before know that there were men in our profession capable of such acts as this or some worse spirit has provoked. Neither scruple or reserve have been regarded—or truth or principle respected by our opponents. Even common prudence has been forgotten, and acts committed, which, if brought to light in the proper place, might lead to consequences not contemplated by the authors. What we have done to draw down on us the unmeasured wrath of these gentlemen, we are at a loss to know. We have, it is true, freely condemned what we assume to be malpractices, and complained of what all admit to be abuses, and were not surprised that those most immediately concerned in them, should feel sore at the exposure; but we certainly did not expect that so many would have resented our interference, with so much acrimony. We have commented upon the proceed-

ings of the medical corporations, and deplored the consequences of them; but we did not suppose that by doing so we justly subjected ourselves to the bitterness of medical bigotry in all its intensity. We provided a medium through which men of talent and acquirements might make their way to distinction; but we never apprehended that those who could not avail themselves of it would have proclaimed their deficiencies by imputing this to us as a crime. If, in setting up our journal, we unconsciously injured another Dublin periodical, we are not to blame—no man can accuse us of attempting to rival its conductors in their peculiar method of management, or of seeking to divide with them the description of return they derive from their labours. In fact, whatever has occurred within the last year, contrary to the interests of either public bodies, or private enterprise, has been, most absurdly, attributed to our labours. Ask any man the cause of his misfortunes, and the ready reply is—that source of all mischief, the PRESS. What diminished the number of lecture pupils?—not the over-supply of medical men: but the exposure of secrets by the PRESS. What spoiled the certificate trade?—not its own iniquities: but the imprudent disclosures of the PRESS. What led the public to suppose that they swallowed more medicine than was necessary?—not the proofs daily offered to men of common sense but the sneers of the PRESS. What brought homeopathy to Dublin?—not the faults of another system, and the desire to escape from them: but the noise made by the PRESS. One says, whence this *hiatus* in my fee book? Another, in soliloquy in his lecture-room, whence these empty benches? A third, where is my hospital dividend? A fourth, where are my apprentices? Instead of the obvious answer, the reply is—the PRESS!—the PRESS!—the PRESS! Pope brought all Grub-street on his back by the publication of the Dunciad, and complains that all the ills which man is heir to were laid at his door in consequence:—

"Arthur, whose giddy son neglects the laws,  
Imputes to me, and my damned works the cause.  
Poor Cornus sees his frantic wife elope,  
And curses wit, and poetry, and Pope."

So it is with us. We are made answerable for the mishaps of every rash speculator's offspring, and are charged with conniving at the elopement of good luck, by every one who pleases to suppose that he has been wedded to her.

We do not mean to say, that we have not our sins to answer for. On the contrary, we may perhaps be inclined to admit, that we may occasionally have overstepped the limits we ourselves prescribed. In our introductory address, we endeavoured to lay down the principles upon which, as public journalists, we were justified in proceeding, and the extent to which we were in that capacity legitimately authorized to go. We observed that, "satisfied that a free press, especially when directed to educated and cultivated minds, is the most powerful means in existence to elicit truth, encourage honesty, bridle folly, and resist oppression; we propose to avail ourselves of its powers to the fullest extent, to which it is legitimately applicable. So far from concurring in the opinion entertained by many, that the free public discussion of medical affairs is to be dreaded, we are firmly convinced that it is the only means by which justice can be obtained, confidence restored, and those dissensions, heartburnings, and collisions which distract and divide the profession, removed. Nevertheless, entertaining these views, we are equally convinced, that confining this power within its proper limits, is a work of the utmost difficulty; and that while we shall hereafter study to attain this object, we shall, we fear, necessarily, occasionally fail of success." "Certain



he has applied, that he will not consent to the operation.

27th of July.—Young brought his son to me to-day: he states that his foot is visibly in a worse condition than when he first applied to me; and he is now willing to place him under my care. I made a cast of the foot on this day; it is marked number one, and shews, accurately, the state of the foot.

I divided the tendon, as in the former case; the boy kneeling on the seat of a chair. I was assisted by my friend, Surgeon Baker, of Cavan, who watched over the progress of the case with great care and anxiety. The wound was dressed with a slip of adhesive plaster; a light roller was put on the limb, and the foot immediately placed in its natural position. The sole of the foot was retained in contact with the foot piece of the splint by a broad strap of leather which passed over the instep, and which buckled underneath the posterior part of it. Every thing went on favorably: in three weeks the splint was laid aside, there being no tendency in the foot to return to its former state. A boot, only differing from the ordinary, in being made without a heel, was then put on, and worn out; for the last eight months he has gone without shoes. There is now very little difference in the appearance of his feet: he has still a very slight lameness, but this, he states, is becoming less every day. His constant occupation for some time back, has been bringing home turf from a bog, which is five miles from his father's house: he walks there and back again twice each day, a distance of twenty Irish miles, with the greatest ease. The muscles of the affected side are daily acquiring plumpness and strength.

Cast, number two, was taken by me on the 30th of July, 1839, just twelve months after the operation.

#### CASE III.

March, 26, 1839.—Pat. Walsh, of Killoter, county Cavan, was brought to me by the advice of the parents of Rahil—the child I first operated on. He is six years old: has congenital varus of the right foot: the direction of the leg is faulty throughout: the great trochanter is thrown forwards: and the patella looks towards, and is nearly in contact with the internal condyle of the opposite femur: the dorsum of the foot is covered with a tough, thickened cuticle, on which he walks in progression: the toes are forcibly drawn upwards, whilst the sole of the foot is turned backwards, and slightly upwards. A line drawn from the centre of the external to the internal malleolus, would cut off more than half an inch of the extremity of the calcis.

Cast, number three, will shew the state of the parts on the morning of operation.

In this case I was assisted by Mr. Rorke, of Cavan. I reduced the deformity immediately after the division of the tendon, and secured the foot to a splint with adhesive straps and bandages. The wound in the integuments healed in the usual time, and every thing went on favourably for some days, when, either from the pressure of a very rudely-constructed splint, or some want of proper attention at home, or, probably, from both these causes acting together, the parts became greatly inflamed—so much so, that the splint and bandages were laid aside, and poultices applied to the entire foot, which was laid on a cushion, with the sole of it resting against a firm support.

This case went on unfavourably for about three weeks: the boy's general health suffered much: there was a large slough from the outer side of the foot, caused by the pressure of the splint: however, with great attention, these symptoms subsided, and the ulcer healed. There is a very great improvement in this foot, as may be seen in cast, number four, which

I took on the 2d of July—just three months after the operation. The knee now no longer turns towards the opposite leg: the sole of the foot is flat on the ground; and not only is there no tendency to a recurrence of the deformity, but no force, short of what it would require to dislocate a healthy foot, would be sufficient to place the parts in the state they were in previous to the operation. The boy now wears a boot, made without a heel: he is able to walk about very well, and takes a great deal of exercise.

In the treatment of these cases I have ventured to depart, in some points, from the practice followed by M. Stromeyer. In the first place, I introduced the knife on the posterior surface of the tendon; and, again, I reduced the deformity immediately on the division of the tendon.

1st. The wound in the integuments should be as small as possible. I have seen many instances where the division of the tendon, the result of accident, as of a spade falling over the shoulder, or its being cut across by a scythe, &c., &c., the integuments also being widely cut through, has been followed by very bad results. The usual consequences have been profuse suppuration—fungous growths from the extremities of the tendon; and even, in some cases, the sloughing away of large portions of the tendon, causing permanent lameness: whilst, on the other hand, where the external wound is small, as in the operation, we find that no bad consequences follow. In the latter case, we have a simple fracture or division of the tendon: in the former, it is placed under circumstances similar to those attending a compound fracture of a bone.

The exclusion of air from the wounded tendon is best effected by the valvular direction of the incision in the integuments; and, by introducing the narrow-bladed bistoury on the posterior surface of the tendon, and then turning the edge forwards, there can be no risk of enlarging the wound: the tendon can be cut through effectually and safely: whilst, by pursuing an opposite course, cutting from before, backwards, as laid down by M. Stromeyer, and practised by Dr. Adams and others, such an accident may occur. Stromeyer passes the knife to a short extent through the integuments on the side of the leg opposite to its point of entrance; and so does Dr. Adams, if the following passage from the *MEDICAL PRESS* be correct:—

“The marks of the operation were, next day, not larger than leech bites.”

This proceeding is open to the objection urged against a large wound in the integuments, and is quite unnecessary to the perfect division of the tendon.

In the next place, I immediately restored the foot to its natural position, or as near to that position as possible. In *varus*, even at a very early stage, there is a displacement, a partial dislocation, of all the bones forming the tarsus and ankle joint; and, in cases of long standing, the form of each bone undergoes considerable alterations, adapting itself to the particular circumstances in which it is placed; whilst the ligaments on the outer side of the foot become greatly lengthened.

All this displacement and stretching of the ligaments is kept up, and, I believe, caused by the shortened condition of tendons, particularly of the *Tendo-Achillis*. In *pes equinus*, this is most unequivocally the case.

Now the great object to be attained by the division of the tendon, is to take the parts from under the controul of the dislocating power—this once accomplished, there is little or no resistance to our efforts to place the foot in its normal position—as no good result can arise from a delay, which will permit the



re-union\* of the divided tendon—a proceeding calculated to restore the parts to the condition in which we found them, and which, in the after treatment leaves the resistance of the tendon to be overcome by the action of splints—increasing extension, &c., &c. I would immediately place the parts in the most natural position they would admit of, and retain them there, at rest, until the new deposition had formed between the divided ends of the tendon, which, being now of a sufficient length, can exert no dislocating influence on them. There need not be the least apprehension as to the filling up of the space between the divided and the separated ends of the tendon. In those cases I have brought before you, the tendons are as strong as ever they were. In the 1st case there was a space of an inch long between them when the foot was placed in the splint. In No. 2, this space measured three-and-a-half inches: in No. 3, it was merely two inches, yet, in all, there has been a deposit of new matter possessing all the physical characters of the original tendon. In Young's case, there are three inches of new round tendon, perfectly free from adhesion to the surrounding parts—there is still a slight degree of thickening about the centre of this new portion, as may be perceived on passing the finger over it, or over the cast.

A question now presents itself. In what cases of distortion of the feet are we to expect beneficial results from the division of the shortened tendons?

I fear we are not in possession of a sufficient number of facts to authorize us in laying down any very precise rules on this point. M. Stromeyer has operated on persons of thirteen, nineteen, and even of thirty years of age. Mr. Cusack, "while on the Continent, saw several patients above the age of twenty years, on whom it had been performed"—MEDICAL PRESS 232.

Mr. Liston has operated on persons thirty years old. As a general rule, I would say that the operation is applicable in all cases of pes equinus, the patient being under thirty years, and in varus, under twelve years, the bones of the leg being of a normal length, and those of the foot free from disease; where the deformity is not the result of general or partial paralysis, nor complicated with it, the patient's general health being good. Unless under peculiarly favourable circumstances, I would hesitate to operate in a case of club-foot of twelve years' standing. However, I do not mean to say, that the operation is necessary in every case of varus. In early infancy, some cases may be, and have been remedied by other curative means—and a fair trial should be given them, commencing so soon as the deformity is discovered, and continuing until the child made attempts at walking. At this period, if there were a fair prospect of success, it should be persevered in—but on the other hand, if there was not a marked improvement in the condition of the foot, I would advise the division of the tendon before permitting the weight of the body to be borne upon it.

The greatest difficulty I experienced in the treatment of those cases, arose from the imperfect construction of the splints I was obliged to use.

Some were of sheet iron—some of wood—the shape in all was alike—consisting of a foot-piece, to which a leg-piece, which reached as high as the knee, was attached by screws on its outer side, and at right angles with it—this was hollowed to accommodate the external malleolus, and rounded form of the leg. It had this great defect, that when the necessary pres-

sure was applied to retain the foot in the flat position, the heel would slip backwards, to prevent which, the bandages were obliged to be drawn tighter than would otherwise have been necessary—and great inconvenience arose from this in Walsh's case.

Mr. Francis L'Estrange has lately invented a splint, which, in my mind, will greatly facilitate the treatment of those cases. It is extremely simple in its construction, and I think will be found applicable in all the emergencies that may arise in the progress of a case.

I think it is worthy the consideration of the profession how far this operation—the division of the tendo achillis—may be of importance in facilitating the reduction of dislocations about the ankle-joint—more particularly, dislocation of the astragalus—"for in general," says Mr. Cooper, Surgical Dictionary, 5th Edit., p. 404, "the reduction is so difficult, that it is not many years since the case was deemed a ground for amputation." All surgeons who have written on the subject, bear testimony to the difficulties attending the treatment of this case; and numerous instances are on record in which all attempts to reduce the dislocation having failed, the displaced bone has either been allowed to remain in its new situation, or it has been cut down upon and extracted, a proceeding very difficult in some cases to accomplish. As might naturally be expected, the very worst consequences have followed this opening into the joint, whilst allowing the bone to remain unreduced has been attended with like bad results, viz.: severe inflammation—sloughing of the integuments—formation of abscesses amongst the bones of the tarsus—caries of those bones; and, finally, amputation has been had recourse to as a last resource.

The only case of this accident I have ever seen, resembled very much in its unreduced state, a pes equinus of long standing, the heel being drawn violently up—and I am certain that much of the difficulty attending its reduction, arose from the action of the muscles on the back of the leg. From what I then observed, and have lately learned of the division of tendons, I have come to the conclusion, that, when all the ordinary means to reduce this most formidable dislocation have been tried unsuccessfully, previous to cutting down upon the bone, in order to remove it from its abnormal situation, or abandoning our patient with this dislocation unreduced, we would be justified in dividing the Tendo-Achillis; thereby getting rid of the great, if not the greatest obstacle to our replacing the bone in its former situation.

These cases and remarks were hastily put together, to be read at a meeting of the County of Cavan Medical Association. A lengthened discussion on a paper read by another member, precluded my bringing this forward; since that time, I have received three publications on this subject. Mr. Stapleton's lecture, a pamphlet by Dr. Krauss, and Dr. Little's work on club-foot, and analogous distortions.

Mr. Stapleton gives six cases of successful operation performed by himself. He operates after the method of Stromeyer; he pushes the point of the knife through the leg, and reduces the deformity by "increasing extension." I cannot but think he is over curious in his care to apply his bandages, "so as to approximate the divided ends of the tendon." However, I most willingly subscribe to the conclusions he has come to on this subject.

Dr. Krauss relates fifteen cases in his pamphlet.

Dr. Little's book is replete, with sound practical information. In the preface, he states that he has already treated eighty-two cases of distortion of the feet; and he has given very minute details of thirty-six of them. I am happy to find that the operation has been performed with success, under circumstances

\* See MEDICAL PRESS, Vol. I., page 232, for a case in which ten days were allowed for the reunion of the divided tendon, before the 'increasing extension' was commenced.



which I feared would render an operation unadvisable—for instance, the tibia and fibula were shortened on the affected side in eight of those cases, the slightest shortening was three quarters of an inch, the greatest was three inches. Again, in eight cases there was paralysis of one or more muscles of the affected extremity. Again, he operated on persons of very advanced ages—of 28, 30, 33, 35, 38, and even of 50 years of age. In some the deformity existed for 28, 29, 30, 35 years, and in one case it was of forty-eight years standing.\* In all of them the most marked improvement followed. In his remarks on this last case, he says:—"The cure of a distortion of so severe a nature as that from which this patient suffered, after its existence for a period of forty-eight years, proves that age is no obstacle to the successful performance of the division of the Tendo-Achillis. The degree of success which attended this case, induces me to recommend the performance of the operation at any age, provided the sufferer's general health and pursuits be such as to insure subsequently due appreciation of the benefit, in the facility afforded for the enjoyment of out-door exercise."

And now, gentlemen, it may be fairly expected that I should state the inducement which brought me before you this evening:—It is the desire to promote, if not establish, a communication of professional information from my provincial brethren to this society, and others of a similar kind in this city, and through them to the profession at large. It is true that the country practitioner, from the toilsome incidents peculiar to his avocations, has little leisure to devote to the preparation of even short essays on the subject of his practice; but surely there is not one amongst us that does not, in the course of every twelve months, observe at least one new fact important to the profession. There are, scattered over the face of the country, upwards of 2,000 medical practitioners. It would not be expecting too much were we to calculate on each, under due encouragement, committing at least one fact to paper, and communicating it to his fellow-labourers. Were this carried into effect, it may readily be conceived what a quantity of information would be preserved and circulated, which would otherwise be limited in extent, and probably perish with the possessors of it. I take this opportunity, therefore, of calling on the country practitioners, and rousing them to follow the step which I had the temerity to adopt; and I can promise them, that if they are dealt with as leniently as I have been, they will have no cause to regret having done so. Again I thank you for the forbearance and the attention which I have this evening experienced.

#### CASE OF EMANATION OF LIGHT FROM THE HUMAN BODY. (?)

TO THE EDITORS OF THE MEDICAL PRESS.

Skibbereen, November 9, 1839.

GENTLEMEN—The subjoined extract, from the *New Monthly Magazine*, has brought to my recollection a very singular phenomenon that occurred within the last few years near my late residence at Glandore; and if you deem the extract and accompanying commentary worthy of insertion in your journal, they are at your disposal.

To the pathologist, it must be a subject of much interest, if we are to regard the lights in question as resulting from the product of disease in the human

body—to the moral philosopher, if we are to look upon them as an example of the fallacious testimony sometimes rendered by the senses; or an instance where the judgment of many has been obscured by the chimeras of the imagination:—

#### "MARVELLOUS LIGHTS AT SKIBBEREEN.

"It was our wish to have gone from Bantry to Skibbereen, to investigate the marvellous appearances in its neighbourhood, about which people were talking through the whole south of Ireland, but circumstances would not permit it. Many well-informed people who had visited the scene, had spoken of it in terms that kindled curiosity. All allowed—the ladies in particular—that there was a mystery about it; many were persuaded there was something supernatural. In a cottage, about two miles from Skibbereen, lived a man of the name of Harrington, poor, yet intelligent, and believed to be very pious. The situation of his home was singularly desolate; on a low, dreary beach, the sea in front, and a marshy swamp behind. Its interior was poor, and, like other Irish cabins, without windows; two rooms, with a damp earthen floor—a cheerless home even in health and strength, but in disease and helplessness, the clod of the valley would be sweeter, and the head would ache no more. Three years since, Harrington felt very ill, and was confined wholly to his bed, yet able to read and converse; his books were wholly religious. His only companion and attendant was his mother.

"A few months afterwards, lights began first to be visible in the cottage; the rumour of them soon attracted people from Skibbereen to the spot, whose report induced others from a greater distance, from Bantry, Cork, and the interior, gradually to come and examine for themselves. It seems that all were struck, and none satisfied, with what they saw. Their appearance was first like a faint moonlight that fell on the wall of the chamber; at times it was a bright light that covered the whole wall, or moved in portions up and down it, and often deepened into a yellow tint. Among the numerous visitors were ministers, men of science, families from the country seats, fox-hunters, and devotees, carriages, pedestrians, and horsemen. It was called at last the Skibbereen lights, and baffled every attempt of the clever and credulous to discover fraud or imposture. In the inner room, on a low bed, beside the wall, destitute of every comfort, lay the desolate Harrington; in the calm light of whose eye and the composure of his tone, there was evidently no pain of conscience or depravity of heart. He said he was happy night and day, though his suffering was great. He never solicited help or charity; the little he possessed seemed to be sufficient for his wants, and he did not seem to care for more. A few of his visitors sometimes left a trifle behind them, but the greater part gave nothing.

He was so emaciated, that it seemed as if life could not long remain in such a frame; the arm was but skin and bone; and after nearly a year had passed, those who saw him again were surprised to perceive still the same emaciation. He was about thirty-five, and passed his time in reading and prayer, chiefly, it was said in the latter. It should be mentioned that he was a converted papist; the deceptions of the priesthood, said to be so often practiced on the credulous, had nought to do here, though many were of opinion there might be deception of another kind. A lady of literary powers and success related to us, while at her house, a visit of some days which she had paid to this scene. To the cottage she went often, and saw, again and again, the lights, and observed them keenly and coolly, but could not trace or imagine the cause of their startling appearance. They fell suddenly on the wall, always of the sick man's room; they flashed brightly before the eye, and moved slowly, or mantled the side of the wall in a steady light, remaining for some minutes, or passing away as suddenly as they came. There was no crevice or aperture in the chamber through which light could enter. There was a fireplace and a chimney, but no fire was ever lighted while the visitors were there, and cloths were hung over the door and one or two places in the wall, at the wish of those who came, that no gleam could enter; so that on these occasions the dark chamber was darkened yet more. The confined floor was often covered with visitors; handsomely dressed women, and

\* In a note from my friend Dr. Evory Kennedy, he says—"I have operated on a child by cutting the Tendo-Achillis at four weeks old, and with success, so far."



the gay, the serious, and the wealthy were there; and many a face was pale, as if touched by the unearthly light, and every voice was hushed. The dying man, as he seemed to all, was before them; in whose skeleton hand was the mystery, true or false, of this extraordinary appearance. They waited, on some occasions, long in suspense; at others, expectation was quickly gratified.

"A gentleman whom we know, and who was several times on the spot, said that he saw them once at noon. The day is not the usual time of their appearance; but the evening and night. There is no noise or confusion about the house, no Irish sounds of wonder, wail, or alarm! there is a quietness and a decency about the manners and demeanour of the people. Their conduct is closely observed, and at these times, when the mother is generally in the chamber, with an inquisitorial exactness. There is a cabin at no great distance from the home of Harrington, where it was suspected at first that some collusion might be carried on; in this cabin, therefore, a person was stationed to detect any suspicious signs, but there were none. The roof also of the sick man's cottage was carefully examined; no clue to artifice or hypocrisy was found. So many intelligent, educated, and watchful observers could not thus be deceived; such at least was their own opinion. It was conjectured that from the desolate and marshy places behind the house some vapour or miasma might be the cause. On examination, this did not appear to be possible. Among the visitors was one of considerable eminence in the scientific world, whose calm and philosophic spirit of investigation could not discover the cause of the celebrated "Skibbereen lights," which we saw more than once.

It was a fit situation for the wonderful and wild: the lone cottage of the friendless man, on a dreary shore, on which is the ceaseless moan of the sea, and, half the year, of the wild winds; and behind is a sullen marsh. Many of those who have come here in the wintry season, or even in a dull and cloudy day, have felt the influence of the scene. If there be deception here, so long and still kept up, there must be exquisite art and management in the actors; rarely has a spot so desolate, and reft of human agency, been chosen wherein to deceive mankind. The delusion is then as masterly as that of Mesmer; and if the feebleness of the agents be considered, it is more successfully maintained. The simplicity of the machinery, which requires no aid from the imaginations or sympathies of the observers, gives this marvellous appearance on the desert shore the advantage over each German pretension. Seeing is believing: one sense only is exercised, and that the most difficult to be mistaken, in so confined a space—the waves in front, the marsh behind.—no fire or light within—the only shadow that falls is that of the passing cloud."—*Letters from Ireland in the New Monthly Magazine.*

In this jumbled and very vague description there are many inaccuracies: Harrington's house was not situated in a lonely and desolate spot, but in a populous and neat village on the harbour of Glandore, one of the most beautiful and picturesque spots on the southern coast of Ireland; and instead of the dreary marsh to the revere, there was a dry, precipitous, and lofty hill. I will not notice any more of the errors of the writer in the *New Monthly*, but shall proceed to detail the real circumstances, "*quarum pars magna fui.*"

I was sent for in December, 1828, to see the subject of this sketch. He had been under the care of my predecessor, and had been entered in the dispensary book as a phthisical patient, and on reference to my note book, I find that the stethoscopic and other indications of phthisis which he presented at the time were as follow:—

The superior part of the chest, on the right side, was universally dull on percussion, except for about the extent of a crown piece under the clavicle, where the sound was resonant, and where pectoriloquy distinctly existed. There was extreme emaciation, rapid pulse, urgent dyspnoea, colliquative sweats alternating with profuse diarrhoea, constant cough,

and copious expectoration of thick purulent sputa, intermixed with blood.

He was under my care for about five years, during which time, strange to say, these symptoms continued stationary, and I had discontinued my attendance for about two years, when the report became general that mysterious lights were every night seen in his cabin. The subject attracted a great deal of attention, and, like every thing else in Ireland, at once assumed a sectarian complexion; some attributing the lights to the miraculous interposition of heaven—others to the practice of the black art. To myself they were represented by one gentleman as a beacon that would guide me securely into the harbour of truth; by another, as an ignis fatuus that would lead me into the regions of demonism and necromancy.

Not regarding these views as offering any explanation of the mystery, I determined to subject the matter to the ordeal of my own senses, and for this purpose visited the cabin for fourteen nights, and for three nights only did I witness any thing unusual: once I perceived a luminous fog resembling the aurora borealis; twice I saw scintillations, like the sparkling phosphorescence sometimes exhibited by the sea infusoria.

At the time that the appearances were so faint as not to enable me to say with any degree of certainty whether they proceeded from luminous bodies, or were the mere freaks of fancy; others declared that they saw brilliant stars, blazing suns, pillars of fire, &c. &c.

This discrepancy led many to attribute these igneous wonders to supernatural agency; and the splendour with which they were seen was regarded as a test of the worthiness of the beholder. I would not consider this opinion deserving of a serious refutation, was it not that it was entertained by many well educated and otherwise intelligent individuals, and under these circumstances I beg to be excused for digressing into the province of the divine to discuss the question of their miraculous origin.

I deny that they were miraculous, for the following reasons:—

First.—To constitute a miracle there must be an interruption of the ordinary laws of nature, but the lights in question were obedient to the laws by which luminous bodies are governed, viz., that the fainter are eclipsed by the more brilliant, as to render them visible it was necessary to extinguish candles, &c.

Secondly.—To establish a miracle the testimony in favour of it must be so strong as to remove all doubts arising from the improbability of the event; here we had the testimony of many credible witnesses, that most magnificent phenomena were seen; of many others, that only very faint luminous appearances were exhibited; we have consequently testimony against testimony, and probability much in favour of those who denied the existence of these extraordinary and miraculous manifestations described by the more credulous beholders.

Lastly.—There is no analogy between this case and any of the miracles mentioned in Holy Writ. Let us take the conversion of St. Paul as an example: When an extraordinary light shone around him it would not have constituted a miracle, unless the voice from heaven declared the object for which it was sent: and further we have all the Scripture miracles supported by the evidence of two or more senses—as the fallacies to which the sense of sight is subject would render its unsupported testimony insufficient.

I at first thought that some legerdmain had been practised, but upon reflection found that I was wrong. In the first place, it is improbable that this dying man, who had neither hopes of living, nor any wish to live, would be guilty of fraud.



Secondly.—The respectability and integrity of those in immediate communication with him removed all idea of collusion.

Lastly.—From the close scrutiny I have made, I can with certainty say, that no jugglery was either employed or attempted.

Having met the foregoing reasons with a direct negative, I come now to consider those causes, among which an explanation of the phenomenon in question is, I believe, to be found, and these I shall arrange under the following heads:—*Excitement of the imagination—Luminous exhalations from the soil—Phosphorescence of the retina—Evolution of light from the body of the patient.*

*Excitement of the imagination.*—There was certainly, on some occasions, at the scene of these lights, every thing calculated to work upon the imagination. The darkness of the cabin—the hollow, sepulchral voice of the dying man—and the enthusiastic manner of the devotees that sat at his bed-side, were likely to make a deep impression on the mind, and had, I have no doubt, the effect of magnifying the matter to the minds of some; but these excitants were not sufficiently strong to make me believe that I saw light where it was not, and, moreover, on two of the nights when I saw these appearances, there was an absence of the causes that I have enumerated, as likely to excite the imagination.

*Luminous exhalations from the soil* are out of the question. In the same locality there were several other houses, and yet in none of them was a similar phenomenon ever seen, nor in this was it ever witnessed since or before.

*Phosphorescence of the retina.*—This property of the optic nerve, to which Sir David Brewster particularly refers optical illusions, is not sufficient to account for the phenomenon in question. He states that it is produced by pressure on the eye-ball. I have frequently, since, forcibly compressed my eyes with the muscles, as strongly as I could, and yet have not been able to create such appearances as those that I witnessed at Harrington's; and if they were attributable to this cause, they should seem more vivid immediately after the candles were extinguished, than in some time after, which was not the case.

*Evolution of light from the body of the sick man.*—In this I believe we have an explanation of the mystery. I am of opinion that the appearances which I witnessed were dependant on the presence of phosphorescent matter in the expiratory and perspiratory secretions. The property which phosphuretted hydrogen has of undergoing spontaneous ignition when brought into contact with atmospheric air is well known, and as the components of which this is made up, exist in abundance in the human body, it is not outstretching the bounds of probability to suppose that it is sometimes generated in the living system. Dr. Apjohn believes that it is sometimes the product of diseased action.

Foderé states that he has witnessed in the living body the morbid secretion of a gas similar in its properties to that which, over cemeteries, by the spontaneous production of flame, forms the *ignis fatuus* so frequently observed in those localities. The spontaneous combustion of the human body is now generally admitted, and this constitutes a much more remarkable phenomenon than the one we have been considering; as the morbid secretions must, in this case consist of much more inflammable materials than are merely necessary for the production of light.

Tiedeman attributes the phosphorescence of decayed wood to an eminently combustible combination of carbon, hydrogen, and oxygen; and as all these simple substances exist in abundance in the human body, their combination may, under particular circum-

stances, take place, and produce phosphorescent emanations. To one or other of these causes, I attribute the evolution of light from the body of my patient. But, it may be argued, that if luminous emanations really took place from the body of this man, as proceeding from fixed causes, that their operation would be constant, and their effect uniform. I do not think that their operation would be constant, as they would be modified by the state of the atmosphere as to electricity, moisture, &c.; and as to the uniformity of their action, we must take into consideration the differences in the mental constitutions of those who saw them, the faint appearances which were really seen by men of calm and dispassionate minds were regarded as mere freaks of fancy, whilst they were magnified into brilliant orbs and resplendent meteors, by the ardent and enthusiastic who embodied in phantasms their own hopes and fears, and beheld, in the creations of their imaginations, all the realities of direct vision.

I remain, Gentlemen,

Your obedient servant,

DANIEL DONOVAN, M.D.

P.S.—Harrington has been now dead for about eighteen months.

## REVIEWS AND NOTICES OF BOOKS.

**THE EYE;** a Treatise on the Art of Preserving this Organ in a Healthy Condition, and of Improving the Sight. By J. CH. AUGUST FRANZ, Doctor of Medicine and Surgery of the University of Leipsic; Honorary Member of the Society for Natural and Medical Sciences of Dresden; Fellow of the Medical Society of Leipsic; and Associate Member of the Surgical Society of Ireland, &c. &c. London. Svo. Pp. 296.

THIS is an octavo book, treating of several matters relative to the eye, not usually enlarged on in works on ophthalmic surgery. There is a chapter on the "anatomy of the eye;" another on the "physiology;" a third on "the importance and dignity of the eye, and its pre-eminence above the other organs of sense;" a fourth "on the expression of the eye, as indicative of character;" with an appendix of practical observations on the expression of the eye. Then there is a second part containing a chapter on the eye in infancy; another on the eye in childhood; a third on the eye in youth; a fourth on the eye in manhood; and a fifth on the eye in old age;—after which comes a long chapter on "general regimen with reference to the eye," management of the body, adaptation of light, management of function, eyeglasses, sources of injury indirectly operating, injuries directly operating, disorders, prevention, and eye nostrums. Passing the chapters on the anatomy and physiology, we hasten to that on the dignity and pre-eminence of the eye, and dwell a moment on a paragraph on the "language of the eye." We all know how eloquently it pleads, convicts, condemns, implores, rejects, spurns, defies, &c. &c.; but let Dr. Franz give us his account of the matter:—

"The language of the eye is certainly the tenderest and the most wonderful of all languages, inasmuch as it conveys a direct intercourse of souls with each other. It is a language which belongs to no place, yet is every where understood; is nowhere written, yet every where read; nowhere determined by any fixed rules, yet every where correctly spoken. It is so natural that it is as it were born with us; so plain, that every child, and even animals understand it; so simple, that no one has occasion to learn it. Every one knows, speaks, and understands it. It is more eloquent, more deeply impresses the heart, and is more quickly and perfectly understood, than even the articulate accents of the lips. In the eye the soul itself expresses directly what the mouth seeks only to con-



vey through the medium of sound and tones. The mouth is only a tedious interpreter, a circumstantial analyst and prolix expounder of that which the eye indicates more rapidly, more perfectly, and as sensibly as a delicate thermometer. For this reason it is, that we quite unconsciously direct our glance not to the mouth but to the eyes of the speaker, because the eye is the only portal at which souls meet, where they either lovingly embrace, or fly repulsed from each other. When conversing even with a man who is blind, we cannot refrain from looking towards his eyes; and although we find them destroyed and their light extinguished, we still feel ourselves constrained to fix our glance upon the spot from whence the soul would otherwise beam towards us.

"The eyes then are true telegraphs of the soul, which indicate the still flame of love, the angry glow of hatred, the heaven of innocence, and the hell of vice; and whatever moves and works within the human breast, divinely, humanly, brutally, or diabolically, all is distinctly expressed by the universal language of the eye.

"When we make any observations on the mien of an individual, and say, such a person looks so and so,—cheerful or morose, for instance,—we mean that he allows this or that definite condition to appear in his eyes—his eye expresses a cheerful or morose disposition. Men of business, when they part, wish to *speach* with each other again, and accordingly say:—I will *speach* to you to-morrow on this subject; friends and lovers, on the contrary, think only of *seeing* each other again, and say:—I shall see you to-morrow, (*Au revoir—A rivederci—Auf Wiedersehen.*)—Why do not lovers think equally of speaking with each other again? Because the language of words is far too poor to express the feelings they read in each other's eyes; because their souls wish to meet again in that heaven where they first became acquainted, and where they first welcomed the smile of dawning love.

"Tears may be mentioned with propriety in this place, as forming a part of the language of the eyes. They are the signs of inward emotion, the expression of the highest joy or of the deepest sorrow; the salutary crisis for the relief of the feelings.

"It is in the glance that the strength and dignity of the soul are most powerfully and vividly expressed. The glance darting from the eye reaches to a considerable distance, strikes upon the minds of the beholders like a flash of lightning, and the person upon whom it falls feels himself as it were under the influence of fascination. It is an arrow which often deeply wounds; but like the weapon with which Telephus was wounded, it has power to heal the wound it has inflicted. Wherever superstition has reigned, peculiar and incredible powers have been ascribed to the glance; who has not heard, for example, of the error which prevailed in early times as to persons being bewitched by the glance? and even at the present day the common people of Italy (who speak of *l'occhio cattivo*), and some of the Indian tribes also believe that the look has the power of producing evils and diseases of various kinds. But it is not to be denied, that persons endowed with superior powers of mind and firmness of character exercise by their glance a truly commanding sway over the circle which surrounds them. The glance of such persons strikes the orator dumb in the midst of his harangue, arrests the enterprises of men, and checks them in their actions. By this power the hero has not unfrequently conquered his furious enemy, and the opposing band of warriors.

'Upon the crowd he cast a furious look,  
And withered all their strength.'—DRYDEN.

There are persons, moreover, whose firm glance animals regard with fear; before which the angry mastiff cringes, the wild bull slackens his speed, and even the ferocious lion and tiger are held in awe.\* That horses are broken in by the look is a fact not unknown."

The chapter on the "Expression of the Eye;" is a

\* Van Aken, who possessed the art of taming wild animals, effected much in the exercise of this art by his glance. When he entered the den of the lion, he immediately arrested the eyes of the animal by a powerful and firm glance, which he kept fixed upon him, and never averted so long as he remained in the den. Those who

long and interesting one. The matter is thus reduced to method and system:—

"The particular character of the look is determined partly by the motion of the eyes, and partly by the axis of vision. The various motions of the eyes, taken by themselves, however, impart to the look merely something of an inferior character, belonging to our animal nature; the higher, more expressive, and intellectual character, on the other hand, is conferred on it by the direction which the axes of vision assume. The axis of vision is a horizontal line passing centrally through the pupil and globe of the eye. If we imagine this line to be continued forwards from each eye, the two lines either run straight forward at an equal distance from each other, which is named the *parallelism* of the axes of vision; or they converge towards each other, and then meet together at a certain distance in front of the eyes; the point at which they cross is named the *point of convergence* of the axes of vision. This convergence may, after some practice, be easily observed by paying close attention to the direction which the eyeballs and pupils assume towards each other, when viewing an object. I shall now first speak of the direction of the axes of vision.

"An almost perfect parallelism of the axes of vision is observed in that look which is entirely void of mental expression, but in an expressive look the axes of vision always converge more or less. The degree of convergence of the axes will therefore serve as a basis for three distinct differences which we have to notice in the look, as determined by the axes of vision only; thus the point of convergence either exactly *coincides with the object* looked at, or *falls short of it*, or, lastly, *lies beyond it*. The *sensual* look has its point of convergence always before the object, and if this point lie very near to the eyes, the look is fixed, or rigid, and in many cases the eyes may even seem to squint. The *contemplative* look has its point of convergence at different distances behind the object. When this point lies at a fixed and determinate spot behind the object, the eyes appear to look through the object, as it were, and the look thus becomes what is termed open, and reflective. This kind of look seems to comprehend the object in its entire appearance, and not merely some particular part of it; hence arises what may be termed contemplative seeing\* (*contemplari*), whereby abstract contemplation is manifested. In the *intelligent* look the point of convergence coincides exactly with the object. When it rests upon the object, the look becomes keen, investigating. This kind of look regards the different parts of the object, and not so much its ensemble; hence arises what may be termed intelligent or attentive seeing (*cernere*), and as from the exact coincidence of this point with the object arises the most distinct vision (the sight not being so good where there is not such coincidence,) this seeing at the same time corresponds with what we should term sharp-sightedness (*acies oculorum*.)

In the three kinds of look which we have hitherto mentioned, the axes of vision incline steadily to the point where they cross, and the look in these cases might accordingly be termed *steady*, while the following, on the other hand, might be denominated *unsteady*. Under this latter term is to be understood a certain motion of the

have witnessed the performance of Van Amburgh with his various wild beasts at our theatres, may have observed that he also when in the den always fixed his eyes firmly on those of the animal with which he was more immediately occupied. After having myself closely viewed his performances several times, I had some conversation with him on the subject, when, in confirmation of what has been already stated, he admitted that much was effected by the look in rendering wild animals subject to the will and control of man. While conversing with Van Amburgh, I could not but notice the remarkable appearance of his eyes, which seemed to me particularly well qualified for this purpose. They are very large and prominent, and their glance extremely keen, firm, and powerful.

\* This kind of seeing is very well expressed in the following phrase used by the French in speaking of a wife who is fondly attached to her husband, or of a mother who fondly loves her child: "Elle ne le croit pas, où elle le voit; elle ne le voit pas, où il est."



axes of vision during their convergence, before the situation or relation of the point of convergence to the object is determined. When they have reached and taken up this position, the motion either ceases, and they then remain at rest; or the motion of the axes of vision continues even after the point of convergence is determined. In the first case, the look might be named fluctuating, or flickering: in the second, it might be termed penetrating or piercing. Sometimes the fluctuating look denotes a predominance of the feelings, while the penetrating look indicates a preponderance of the power of the will, or energy of action."

The effect of the habitual disposition of the mind on the expression of the eye is given in detail, and the precise changes indicating piety, innocence, immorality, vice, love, hatred, joy, sorrow, despair, fear, anger, revenge, &c., &c., are minutely described. It is even proposed to make these indications practically available for the detection of crime, but here we rather prefer the old mode of compelling a jury to give a true verdict "according to the evidence;" but let us see what the doctor has to say on the point:—

"Now, if in conducting a criminal inquiry, the counsellor or judge, free from all prejudice, observe with attentive and scrutinising glance the eyes of the prisoner, though he will not find in them evident proofs of guilt or innocence—yet, by comparing the expression of the eyes with the gestures, demeanour, and statements of the accused person, and all these again with the fact and the circumstances connected with it—he will at least arrive at such conclusions as may serve to guide him in the examination, and to establish the probability of the guilt or innocence of the party, or may even bring the prisoner himself to confession. This presumptive evidence, given by the eyes of the prisoner, is, it must be admitted, uncertain and not actually conclusive; but has not experience proved that such evidence has been frequently the means of arriving at certainty?

"But, it will be said, there are malefactors and criminals long hardened in guilt, who possess so much control over themselves, that neither in their speech nor demeanour, neither in the features of the face, nor in the expression of the eyes, do they betray any sign whatever of the presence of conscience. We admit that these reprobates may exercise such command over themselves, as long as they are surrounded by members of the legal profession who are observing them with attention, or as long as they stand at the bar, and before the judge himself; but if the reflecting psychologist proceed with assiduity and acuteness of observation, and visit the prisoner in his cell at different times in the day,—no other person being present,—and converse with him for a long time upon different subjects, especially in the evening—when the shades of night are coming on, the entire expression of the look and the play of the eyes—even of the most hardened criminal, will assuredly furnish proofs that man can never withdraw his guilt from the tribunal of conscience.

"Lastly, the study and knowledge of the indicative character of the eye is of the highest importance in the inquests and post-mortem examinations held on the bodies of persons who have been murdered,—if the person who has committed the crime, or who has been concerned in it, is present in the house or apartment where the examination is carried on.

"If in such cases an individual is observed to look round in an anxious, uneasy, and confused manner, at one moment with a sad and dejected air, and at another with affected unconcern, or forced cheerfulness; if there is an unusual bustling activity and restlessness in his manner; it may in general be fairly suspected that he is either the actual perpetrator of the deed, or has been at least an accessory, and is consequently arraigned at the bar of conscience. The eyes here always give the first intimations of guilt. The psychologist must certainly observe with especial care and attention the eyes, as well as the countenance and behaviour of this person, and before he forms a determined opinion, he should endeavour to ascertain by close inquiry, the following particulars:—

"1. What is the character of the person in question, both as to his moral conduct, general habits, and mode of life?

"2. What is his habitual state of feeling: whether it

was previously different from that which he evinced during the inquest and the examination?

"3. Whether he has on all occasions manifested a great degree of horror at the sight of a dead body?

"4. What is his general demeanour; and whether it is reserved, anxious, and timid in the presence of strangers, and especially of officers of justice?

"5. Whether he has been nearly and intimately connected, either by the ties of kindred, or in any other way, with the person whose death has been the subject of investigation?"

But this power of expression of the eye has long since been settled by poets and painters. A volume might be filled with quotations to prove this, and we have only to compare the bust and the portrait to satisfy ourselves of its importance. There are brilliant eyes, piercing eyes, glowing eyes; eyes like Mars' to threaten or command; and ox-like-eyes as Juno's.

We must, however, tear ourselves from such attractions, and see what our author has to say about dull matter of business. Caution in suddenly exposing the new-born infant to a strong light is inculcated, and very properly, the sudden transition from utter darkness to the blaze of day, or even of a candle, might affect more than the eyes: nature has made provision against it in many animals who do not open the eyes for several days. Careful ablution immediately after birth, especially where leucorrhœa, and, above all things, where gonorrhœa exists, is insisted on, and, in the latter case, it is clear that the utmost vigilance is necessary to prevent the contact of the matter and consequent ophthalmia. Respecting long and short sight there are some useful observations, and some good advice as to the choice of glasses. We know not, however, whether we agree altogether with our author on these points. Short-sightedness is, in our opinion, an hereditary malformation of the eye, and, most probably, depending on too great convexity of the lens, and making its appearance generally about the tenth or twelfth year. If the eye be now incessantly exercised on minute objects, as in study, the defect is made permanent; but if the boy's pursuits lead him to the contemplation of distant objects, the defect appears to be remedied; hence we seldom find the eyes of peasants, soldiers, or sailors, myopic, while we frequently find them so in professional men and mechanics. Glasses are to be selected by the patient himself, and those chosen which give the best and easiest vision. We should as soon think of putting a wrong eye or object glass to a telescope, as to a short or long-sighted eye: yet nothing is more common than advising persons not to take such and such a glass for fear of its being too strong, or something of that kind. There is some good advice about the removal of foreign bodies: but we can tell our author that this is not so easy a matter as he supposes. We know not any operation requiring a sharper eye and steadier hand, than the removal of particles of steel from the cornea when forcibly buried in it, as in stone cutting, filing, chiselling, or turning: it must often be actually dug out, and is often so minute as to require a lens of very short focus to detect it. We must here conclude abruptly, having exceeded the space allotted to our author, by advising those who want information on these subjects to treat themselves to the original.

THE NATURALIST'S LIBRARY.—MAMMALIA.—

Vol. IX. Dogs.—By Lt.-Col. C. HAMILTON SMITH.

Edinburgh. 12mo. Pp. 267, with 33 plates.

WE regret that want of space prevents us from noticing this elegant volume at length. It contains the description of the principal wild races allied to, and from which it is supposed most of our domestic breeds of dogs have sprung; and we feel bound to say that Colonel Smith has well maintained the credit of the Naturalist's Library.



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## DOCUMENTS RELATING TO MEDICAL REFORM.

THE near approach of the meeting of parliament suggests the necessity of making the members of the legislature and the public in general acquainted with the views of the advocates of medical reform. We have, therefore, determined to select and print the most important and instructive documents relative to the subject which have lately emanated, either from public bodies or individuals, and to transmit a copy to every member of parliament.

In no way could this be so effectually accomplished as by a stamped periodical passing free by post, and to this purpose the present number of THE PRESS is devoted, our medical matter being disposed of in a supplement, which we forward to our subscribers gratis. This plan of publishing these separate documents is preferred to that of making an analysis of them, because it removes all doubt as to the views entertained by the authors, and prevents the possibility of misconception. For the same reason we refrain from making any comment on the suggestions or arguments contained in them, reserving such for a future occasion, when we shall be better informed as to the opinions and wishes of the majority, and the reasons assigned for giving a preference to any particular plan.

## MEDICAL ASSOCIATION OF IRELAND.

TO THE MOST NOBLE THE MARQUIS OF NORMANBY,  
SECRETARY OF STATE FOR THE HOME DEPARTMENT.

*The Memorial of the Council of the Medical Association of Ireland.*

MY LORD.—As the representatives of a large portion of the medical profession of Ireland, we take the liberty of requesting your Lordship's attention to the following statements, and of earnestly entreating that you will be pleased to procure for them the serious consideration of her Majesty's government, in order

that some legislative measure may be adopted for the redressal of evils, which not only press heavily on the whole medical profession of Great Britain, but affect to a very serious extent the safety and welfare of all her Majesty's subjects.

It will be scarcely necessary to remind your Lordship that in addition to the personal services conferred on individuals by the art of medicine, there exist in every civilized community important relations between it and other necessary parts of the social system, the proper regulation of which is essential to the well-being of society. In the British empire some of these relations are nominally acknowledged, but virtually and practically disregarded, while others, even of higher moment, are allowed to remain in utter neglect. Thus the services of medicine are required in both the civil and criminal judicature; but singular and barbarous as it may appear, it is no less true, that neither the written statutes, nor the opinion of the judges, define who are to be recognised as the administrators of these services; and while the letter of the law is apparently complied with, by the reception of the evidence of any man who chooses to assume the medical character, its spirit is frequently evaded by the attribution of that character to persons altogether destitute of any right, nominal or legal, to its possession. When your Lordship recollects, that in addition to this looseness, or, indeed, total absence of a legal definition of what constitutes a *bonâ fidé* medical witness, there is also, in many cases, great difficulty, or even impossibility, in the way of obtaining remuneration for time spent in giving medical evidence, it can be no matter of surprise that such services are too often rendered by persons totally unfit for their performance, and that the frightful practical result is frequently a judicial determination on the lives, characters, and rights of individuals, and on the public safety, upon the testimony of persons called medical, but totally unacquainted with the subjects upon which they pronounce, and, it may be, uninfluenced by a regard for principle or justice. This is unhappily the state of matters at the present time in this country. Coroners and other magistrates can, and every day do, commit accused persons to jail solely on the testimony of witnesses whom those officers may choose to consider medical—juries pronounce capital convictions and decide questions of inheritance upon similar grounds—inoffensive members of society are



torn from their homes, and incarcerated in lunatic asylums, upon the certificate of any one who chooses to call himself a member of the medical profession; and the ends of justice are constantly defeated by the ignorance or design of witnesses to whom the whim of a judge may concede the medical character.

Again, in those instances in which the legislature has provided for the medical relief of the poor, there is no rule established, except in the instance of the Irish county infirmaries, as to the qualifications of those who may be employed to administer it, and it actually happens that some of the dispensaries of Ireland, which are supported at very considerable expense to the country, are entrusted to the charge of persons who have received little or no medical education; while in England, of 1830 medical officers of unions, in 1837, no fewer than 228 were possessed of no medical license or diploma whatsoever.

With respect to the private practice of medicine, your Lordship must also be aware that no effective restriction exists throughout Great Britain. Those who have spent large sums of money, and much time and labour in the acquirement of knowledge, and the obtaining of academic degrees and so called licenses from corporations, are not more protected or encouraged than the most impudent and uneducated quacks who constantly assume medical titles and appellations, and thus impose upon the public, to the great injury of the community, and to the serious loss of those who have devoted their time, capital, and talents to this particular department.

It is not our intention at present to dwell at greater length upon these and many other grievances, the recital of which must be wearisome to your Lordship; but as evidence that they are generally felt by the medical profession, we beg to recal to your recollection the facts, that in the year 1834 the remonstrances against them became so urgent as to cause the appointment of a select committee of the House of Commons to inquire into their nature, and that upon the failure of a report from that committee, which was patiently waited for during nearly five years, meetings of large bodies of medical men have been held during the present summer, in several parts of Great Britain and Ireland for the express purpose of pressing the subject upon the attention of the government, and it is as the permanent council of one of those assemblies (the Medical Congress, held on the 29th of May last, at which medical men attended from every part of Ireland); that we now venture to address your Lordship, and to intreat that you will adopt some means for carrying into effect those remedial measures, which from the appointment of the select committee in 1834 we believe to have been then in the contemplation of parliament.

It would be presumptuous in us at present to press upon her Majesty's government any specific plan for the removal of the grievances under which we suffer, and which we know to be of so extensive a nature, and to involve so many considerations important to the public as well as to ourselves, as to be only remediable by the most cautious and prudent, yet comprehensive interference of government. Lest, however, our silence upon this point should be construed into an acknowledgement of difficulties in the subject, even greater than we believe to exist, we shall venture to throw out a few suggestions with regard to it.

The first and most essential step then we believe to be the adoption of means for securing a body of educated, and well ordered medical men for the public and private service. Until this be done, no improvement can be effected, and we beg leave, respectfully, to submit, that there does not now exist any machinery for its accomplishment. We have already reminded your Lordship, that no legal definition of the

medical character is in use, and it will cease to be matter of surprise, that such should be the case when it is further considered, that there are in the three kingdoms no fewer than seventeen bodies claiming chartered or statutory rights to confer this character, and that all of these differ from each other in their constitutions—all possess the power of making bye-laws for their own governance, and all impose different tests of the fitness of those whom they profess to admit into the medical profession. It is an additional fact, that all of these bodies are dependant for their support upon the fees paid for these admissions, and the practical result, as might naturally be expected, has been a competition, as to which should draw the greatest number of customers, by offering their goods upon the lowest terms. Thus, instead of protecting the public, and providing for their service a supply of well educated medical men, the actual working of these corporations has been to overload the profession with a vast number of competitors, without affording any security as to their competency for the safe exercise of their calling.

We would, therefore, respectfully suggest that a legislative enactment should be adopted, establishing one responsible and competent tribunal in each of the three kingdoms, without whose license and enrolment no person should be legally acknowledged as a medical man—that such license should be granted in every case upon precisely similar exercises, examinations and fees, to be specified by law, and that it should confer equal privileges throughout the British dominions. With respect to the formation of such a tribunal, we conceive that there is a choice of three plans—1, the members of it might be nominated and controlled by the crown: or 2, elected by, and made responsible to the profession: or 3, they might be appointed by a mixed mode; the profession returning a number of names from which the crown might select. It would be for the wisdom of the government to choose one of these plans. The expenditure of such a machinery need not encrease the burthens of the country, as it would be more than defrayed by the fees for licensing and registration, care being of course taken to remunerate the members of the licensing board by salaries, and not by any direct interest in the number of persons licensed. Such an arrangement, we conceive could be effected without interfering with existing medical institutions, which it is not our desire to destroy, and we think it would be reasonable and just to allot to each, a portion of the license and registration fund, as compensation for their probable loss of income, and to enable them to maintain their position as educational or scientific establishments. This, we are also of opinion, is the utmost that these bodies have a right to expect, their claims to support being grounded solely on their capability of promoting the public good, to which they unquestionably do not contribute by their present indiscriminate sale of medical titles, even though they may honestly and faithfully administer the money thus acquired.

The advantages immediate and remote, which must flow from a simple measure, such as we have suggested cannot fail to strike your lordship. The licensing and registration, by an authorised and responsible board, of all persons acknowledged by the law as medical practitioners, would effectually remedy those evils in the administration of the civil and criminal law, which we have already pointed out—medical evidence would then become an instrument of justice and not, as at present it too often is, a mere matter of form, or a contrivance for shielding the guilty, or, as in the case of alleged lunatics, for oppressing the innocent. Real, not nominal, medical relief would be provided for the poor—the public



would be enabled to discriminate between those qualified, by education and character, to take charge of their health, and the ignorant pretender. The government would be empowered to avail itself of the assistance of a competent medical department under its own protection and control, and might even derive considerable revenue from the surplus receipts of a well managed registration. Lastly, the profession itself would lose its uncertain and empirical character, and be acknowledged as a useful and efficient portion of the social system, while the medical corporations being released from their present disgraceful traffic in diploma paper, would have leisure to attend to medical education, and the advancement of the scientific character and social interests of the profession.

It has been constantly stated to us by public men, and is generally believed by the members of our own profession, that medical affairs are not likely to receive consideration from ministers and statesmen, whose attention is engaged by other and more pressing business. Such of us as have been in communication with the authorities upon this subject have even felt this statement to be but too true: yet we are willing to believe that such neglect arose from a misconception of our objects, and, perhaps, from the circumstance of public men being frequently obliged to receive their impressions on these matters from individuals, of undoubted eminence in that department of medicine which has for its object the curing of diseases, but whose attention has been little directed to its higher and more public uses. As mere attendants of the sick, we can only lay claim to a consideration equal to that accorded to other classes of men following an occupation useful to society, (which, indeed, we have never received,) but as necessary agents in the administration of public justice, and as the cultivators of that knowledge which has for its object the improvement of public health, and of the physical well-being of the people, we cannot believe that our affairs are unworthy of the attention of the state, or second in importance to those of any other class in the community. We would, therefore, again entreat the attention of your lordship and that of the government to our present communication, and respectfully beg that it may receive an early and serious consideration.

Signed on behalf of the Council.

R. CARMICHAEL, President.  
H. MAUNSELL, Secretary.

Dublin, December 6, 1839.

[The foregoing memorial was forwarded to the Home Secretary, and subsequently submitted to Lord Morpeth, the Secretary for Ireland, by a deputation from the Council of the Association.]

#### ROYAL COLLEGE OF SURGEONS IN EDINBURGH.

At a Meeting of the Royal College of Surgeons in Edinburgh, held on the 26th October, it was unanimously resolved—

I.—That a memorial on the subject of Medical Reform be forwarded, without delay, to her Majesty's Secretary of State for the Home Department.

II.—That the committee be authorised to forward petitions of a similar import to both houses of parliament at the commencement of next session.

III.—That all parties interested in this important matter be invited to co-operate with the College in endeavouring to impress on the government and the legislature, the necessity of some effectual steps being taken for remedying the grievances under which the profession at present labours—grievances which affect injuriously the interests of the public by depriving

them, in particular situations, of the professional services of the best qualified practitioners.

[The memorial agreed upon was published in the MEDICAL PRESS, of December 25, 1839.]

#### EASTERN MEDICAL ASSOCIATION OF SCOTLAND.

"SIR,—We are instructed to intimate to you, for the information of the British Medical Association, that at a meeting of medical practitioners, held in Dundee, on the 8th instant, an association was formed, under the name of the Eastern Medical Association of Scotland, for the advancement of Medical Science, and to aid the other associations formed for that purpose, and for promoting a reform of the abuses in the medical institutions and practice of the United Kingdom.

"The principal objects of the British Medical Association, as detailed in your letter to the Secretary of the Glasgow Medical Association, and which, some time ago, appeared in *The Lancet*, were read to the meeting, and generally approved of. In order that unanimity of action may exist, and also to enable us to co-operate effectively in obtaining the desired reform, the Council of our Association have directed us to communicate with you to ascertain what are your present plans for accomplishing this measure, and whether you are prepared to bring the matter under the notice of parliament during the ensuing session; and also if you have drawn up any petition on the subject.

We are in possession of the petition by the Provincial Medical and Surgical Association, and we shall be glad to hear from you before we take any steps as to framing any petition of our own.

"We are, sir, your obedient servants,

"JOHN LIVINGSTONE, } Secretaries.  
"A. WEBSTER, }

"Geo. Webster, Esq. M.D. Dulwich.

"Dundee, Nov. 22, 1839."

#### NORTH OF ENGLAND MEDICAL ASSOCIATION.

"SIR,—I am directed by the Provisional Committee to transmit to you a statement of proceedings connected with the establishment of the North of England Medical Association. Your attention is more particularly requested to the fourth resolution, whereby you will perceive that the Association has been founded, not in opposition to any society previously in existence, but for the purpose of co-operating with every institution of a similar character throughout Great Britain, in the endeavour to obtain from parliament the adoption of such measures as shall protect the interests of the medical profession, and at the same time promote the safety and welfare of the whole community. In accordance, therefore, with the fundamental principle, I have to announce, that the Provisional Committee will have much pleasure in corresponding with the president and members of the Irish Medical Association; and being at this time engaged in preparing a report on the present state of the profession, and petitions to parliament in connection therewith, will be most happy to receive any information or suggestion you may have to offer. I am further instructed to inquire what progress has been made by the reform committee appointed at the meeting of the Provincial Medical and Surgical Association at Liverpool, in July last. It is almost unnecessary to observe, that in this, as in other parts of the United Kingdom, great anxiety prevails, that some mutual understanding should be arrived at by the profession generally in England, Scotland, and Ireland, as to the precise nature of changes which



should be sought from the legislature, with a view to prevent the continuance of the many evils resulting from the want of an efficient system of medical government.

"I have the honour to be, sir, your very obedient servant,

"CHARLES T. CARTER.

"Newcastle-on-Tyne, Dec. 10, 1839.

"Dr. Maunsell."

The first meeting of the members of this association will be held on Tuesday, January 21, 1840, in the lecture room of the literary and philosophical society, Newcastle-upon-Tyne, at two o'clock, P.M., precisely, when will be read a copy of laws and regulations for the government of the association, the report of the provisional committee, and (in connection therewith) petitions to both houses of parliament.

A president, eight vice-presidents, a treasurer, a secretary, and twenty-four councillors, will be elected in the following manner:—

Each member of the association who wishes to vote will be required, personally or by proxy, to place in the hands of the president his voting paper, signed with his own name. The papers will afterwards be examined by the scrutineers, and the result of the election will be declared accordingly.

Proxies are allowed those members *only* who reside *more than fifteen miles* from the place of meeting.

Gentlemen purposing to join the association who have not yet forwarded their names and subscriptions, are desired to communicate, without delay, with the secretary of the provisional committee, as the list from which the officers and council are to be selected must (to enable each member to possess a copy previously to the day of meeting) be closed on the morning of the 14th inst.

### MEDICAL REFORM.

(From the *British and Foreign Medical Review*,  
January, 1840.)

FOR upwards of thirty years has the attention of the medical profession been directed, with little intermission, to the necessity of obtaining from the legislature some reform of its condition regarded as a branch of civil polity. About the year 1807, Dr. Harrison, then of Horncastle, in Lincolnshire, excited very general attention to the subject of medical reform; and from that period to the present, it has been the theme of discussion. This must suffice to show that the propositions for reform made at the present day, cannot justly be regarded by any as taking the profession by surprise. If there be any who can now feel surprise at this subject being agitated, the regard of such persons for the general welfare of the profession must be slight, else they could not be ignorant, either of the manifold evils which beset it, or of the reiterated endeavours made to unite its members in an appeal to the legislature for the reforms needed. For the diversity of opinion which prevails on the necessity that exists for any reform, a brief explanation may suffice. They who thirty years ago advocated reform, are either dead or superannuated, or, through long despondency of success, are become indifferent to what ceases to be to them a subject of any personal interest. A new generation has sprung up to whom the subject is less familiar, and many of whom have acquired predilections and preferences for certain corporate institutions by which their judgments are biassed, and which disincline them to any change by which their favourite colleges would be lowered in estimation or influence, or their own private interests

affected. Many of the latter, it is to be feared, will, on the present occasion, coalesce with the anti-reformists, or so coldly espouse their own cause as rather to clog the wheels of reform than to expedite their movements. In order that all may have the opportunity of viewing the subject in its several bearings, we purpose presenting to our readers a succinct but, we trust, accurate sketch of what requires to be known in order to form any rational judgment on the subject of medical reform, namely, the nature and extent of the evils which exist; the endeavours hitherto made to correct those evils; and the proposed measures by which it is contemplated to effect their extinction. With this summary, which, we trust, will put all concerned in possession of, at least, the elements of this question, we purpose dismissing it, for a time, from our pages;—leaving the regeneration of the profession to that body whom it most concerns, and who, if inclined to support their own interests, must be fully competent so to do—namely, the collective profession.

In order to have a clear conception of the present condition of the profession, it is necessary to look back for some centuries to the time when any thing like a legalized medical profession was first constituted in these kingdoms. And this retrospect is the more necessary from the extraordinary fact that, by laws passed in the fifteenth century, does one most important branch of the profession continue to be governed at the present day! To the establishment of the London College of Physicians by the charter of Henry VIII., and the confirmation of this by subsequent statutes, may we assign the first commencement of a legalized medical profession in these kingdoms. At this period physic was paramount, and surgery only a subordinate branch surrendered to the fostering care of the barbers. Yet, was not the latter wholly disregarded, for the charter of Henry gives to the college a power of licensing in surgery as well as in physic. On the policy pursued by this body in administering its chartered powers, it would be needless and irksome here to dwell. Suffice it to say that, instead of combining and consolidating even that branch of the profession which it was specially appointed to superintend, it limited the powers and privileges of the corporation to a few, placing the great mass of physicians who consented to acknowledge its authority in the subordinate and degraded class of Licentiates, endued with no corporate rights, and deriving from their connexion with the college only leave to practise their art, which the license of the college graciously permitted them to do, "*saltem in nonnullis curationibus*." A large portion of regularly-educated physicians have at all times dispensed with its license, and, upheld by the public, have practised without its authority, although in so doing they have acted illegally, and rendered themselves liable to pains and penalties on the information of any *qui tam* informer. So far as this branch of the profession is concerned, it assuredly needs some reform.

Surgery, as a distinct branch, was much later in receiving civic recognition and corporate rights than physic, for not until 1745, were the surgeons separated from the barbers, by 18 Geo. II. c. 15; and their incorporation as a Royal College did not take place until 1800. Much has been done by this body to improve the profession of surgery, but its chief efficiency has resulted from the moral influence which it possesses, beyond which it has no power, having no authority to interfere with the surgical practice of any one who, however unqualified, may choose to practise the art. Such defect alone furnishes decisive evidence of some reform being necessary in this body also.

Both these corporate bodies, in attending to what



they deemed the duties and interests of their respective faculties, overlooked a class of the profession more numerous than both the others united, so essential to the public as to be of rapid increase; and, though not recognized by any chartered company, yet firmly established in the free exercise of their calling; the peculiarity of this class being that they dispensed medicines as well as prescribed. This class, now well known under the denomination of general practitioners, was composed of all varieties; of surgeons who were compelled, in self support, to combine pharmacy with their more immediate art; of apothecaries, equally obliged to prescribe as well as dispense; even physicians have found it expedient to hold the doctorate in abeyance, and engage in the more certain and more profitable occupation of general practice. But this class being open to all who choose to enter it, no qualification being legally enjoined, its unprotected state excited general interest, and a legal constitution was given to it by the statute of 1815, called the Apothecaries' Act. The history of this measure claims grave consideration. The parties who originally sought it were anxious to procure the sanction and co-operation of the established medical institutions, and, accordingly, they applied to the Colleges both of Physicians and of Surgeons, to aid their endeavours; but both declined, the views which then prevailed causing both these bodies to disdain any connexion whatever with pharmacy. The preposterousness of this objection on the part of the surgeons was sufficiently egregious, for their own body had long supplied a large proportion of the general practitioners of the kingdom. In yielding to a false pride on this occasion, too, they inflicted a signal injury on the whole body of their own licentiates; for these, who, previously to the passing of the Apothecaries' Act, in 1815, had full power to practise pharmacy, were, after its enactment, restrained by it from all practice of pharmacy unless they possessed the license of the Apothecaries' Company, which license could only be obtained through apprenticeship, a given course of study, and formal examinations. It is clear that if the College of Surgeons had deemed the subject worthy of their notice, they must have had sufficient influence to procure the insertion of a clause into the Apothecaries' Act exempting their licentiates from its operation. Having neglected so to do, the consequence has been that all who have become general practitioners since 1815 have been obliged either to undergo a double examination, in order to obtain the license of the Apothecaries' Company as well as the diploma of the College of Surgeons, (legal necessity always requiring the former, and regard to public opinion frequently the latter,) or to content themselves with the apothecaries' license only, the obtaining of which involves no examination in surgery, and the possession of which, consequently, implies no necessary knowledge of this branch of the science! The proportion of general practitioners who have entered into practice since 1815, who are licentiates of the Apothecaries' Company only, is very considerable, as every one knows. Such being the present state of this department of the profession, it must be allowed that it, too, stands in need of some reform.

But if each department of the profession thus prove to be defective, and in need of amendment, it is difficult to conceive the grounds on which any member of the profession could venture to assert that no reform is required. Every member must belong to some one of the departments mentioned; in his own department, at least, he must be sensible that all is not perfect; and unless his judgment be that acknowledged imperfection ought not to be rectified, he must unequivocally admit that some amelioration ought to take

place. The hesitation occasionally evinced to acknowledge that reform is at all needed, proceeds, we suspect, not from any want of conviction of some reform being required, but from disinclination to acknowledge any plan of reform as suitable, save that which would aggrandise the special department to which the individual belongs. Each would readily allow reform to be expedient if the reform were confined, or even more especially directed, to the evils which beset his own department; but finding more comprehensive views prevail, and the interests of other departments advocated as claiming just support, he shrinks from bringing into hazard the rights and privileges which his own department possesses, and, unable to foresee all the consequences of change, he decries all reform. Many ingenuous minds yield to this feeling, and are perfectly honest in so doing. They, by a very natural partiality, are accustomed to deem their own department the most important of the whole; so regarding it, they as naturally consider that any damage sustained by it must be an injury to the collective profession, nay, to the whole community; and, from their best feelings, and with conscious integrity, they denounce all measures for a general reform as rash and hazardous. We trust that by showing each department of the profession separately to be imperfect, and in need of amendment, we have sufficiently established the main principle on which all reforming projects require to be founded, namely, that some reform of the profession is needed.

Our next enquiry might be into what each department has yet done towards perfecting itself even within its own limited sphere, to which alone have any endeavours been hitherto directed, no attempt having ever been made to bring the several branches into union and harmony with each other. But it would be a profitless task,—for we trust, ere we close this brief article, to show that no amendment of separate institutions which zeal, judgment, energy, and sincerity united could effect, would answer the end which the well-being of the collective profession, and the interests of the community imperatively demand. The old arrangement of the profession, derived from influences foreign to either its natural tendencies or its beneficial applications, comprised physicians to prescribe for internal diseases,—surgeons to deal with maladies calling for manual dexterity,—and apothecaries to dispense the prescriptions of both. Analogously to what may be observed in various other social constructions, the form of the edifice remained long after the appropriation of the several constituent tenements had varied immeasurably from their original destination. At present, we suppose, it is hardly within the memory of any one to recall the time when the foregoing adjustment of professional duties was strictly adhered to. Surgeons have long found their most considerable, and most profitable occupation to consist of the practice of physic rather than of surgery; and apothecaries have as successfully combined the practice of both physic and surgery with their more immediate art. Is this a ground of reproach? Far from it; both surgeons and apothecaries, in yielding to a public necessity which they could not, if they would, control, have but discharged their highest duty, that of ministering to the public welfare; and their triumphant encroachments on the department of the physician only prove how powerless are legal provisions and collegiate restrictions, when not based on the only sure foundations of sound principle and the public good. Sound principles give no sanction to the older division of labour in the medical profession, at least none to the extent to which it was proposed to be carried; nor was the public benefited by it. The public could not recognize any sufficient grounds for the distinctions



made between physic and surgery, the human body, with all its properties and attributes, physiological and pathological, being the subject on which both were to be exercised. They could see no propriety in having a surgeon to take charge of a fractured limb, and a physician to minister to the fever which the accident occasioned; and they acted as common sense directed,—for, as the physician was not prepared to treat the fracture, they obliged the surgeon to grapple with the fever. Nay, they have done more; for, not content with requiring the surgeon to act as physician, they have, in a wide range of practice, forced him to become apothecary also, so far as to dispense the necessary medicines to his own patients. They who charge surgeons and apothecaries with having culpably and fraudulently trenched on the physicians' province are guilty of a great mistake, and of actual injustice. By no wilfulness, or fraudulent encroachment, could the change have been effected, if the public will and the public necessities had not enforced and rendered it inevitable. Speculations, however, on how the general practitioner of the present day has been called into existence, are out of date; the fact being, not only that this class actually exists to a wide extent, but that it is now legally recognized, and protected by legislative enactment far more perfectly than any other department of the medical profession.

Such being the indisputable facts, it is strange that any can be found to regard a renewal of the old system practicable, or even desirable. Yet are there several, chiefly among the class of physicians, who, yearning for a return of the good old times, really imagine that the old system could be revived, and whose beauideal of medical reform would be the re-establishment of the physician, surgeon, and apothecary (*i. e.* druggist), each restricted to his own special functions, as was presumed to be the case in the earlier period. Far different is the reform of the profession now indicated. No reform, indeed, can have a chance of permanency, unless, while it provides for the welfare, efficiency, and respectability of the profession, it also adapts itself to those wants of the public which have been so unequivocally demonstrated; namely, by supplying an adequately qualified class of general practitioners.

Before discussing the special measures of reform which now seem most expedient, it is necessary to advert to one more circumstance, which, above all others, renders a legislative reorganization of the profession a matter of indispensable necessity, namely, the various and incongruous modes by which medical practitioners now procure admission into the profession. So numerous are these, that testimonials of qualification are now attainable from sixteen different sources, if not more. Where the object is the simple one of providing for the public a practitioner qualified to treat the several derangements of health to which the human body is subject, such a diversity in the primary qualification is not only unnecessary but absurd. But, unfortunately, it is mischievous also; for, of each qualifying body, the interests depend on the number of candidates qualified: and, though on speculative grounds it might seem that, in the competition so excited, superiority of system and discipline would be sure to attract towards it the greater number of candidates for medical honours, decisive experience has proved that the facility of obtaining these honours has far greater weight in determining the choice; and that, in the main, that institution which grants its testimonials on the easiest terms will be sure to supply the greatest number of practitioners. On the effect of such competition in lowering the tone of the profession by deteriorating the quality of the members composing it, it is needless

to descant. Such rivalry, although it may commence with high-toned feelings, and the laudable ambition to merit a preference by the superiority of the advantages afforded, yields almost of necessity to the force of more sordid considerations, and ends in bartering its wares for pecuniary gain, instead of honorable and elevating fame. This is no imaginary surmise, but a real fact; it having been explicitly acknowledged at the great medical congress held in Dublin in May, 1839, that the Dublin College of Surgeons, which had long prided itself on the superiority of its discipline, and the strictness of its examinations, had been actually compelled to abate in both, in order to prevent the Dublin schools being deserted for others where testimonials were of easier attainment. Should a system, not only leading to such evil, but actually enforcing it, be suffered to continue, it needs no prophetic inspiration to predict that the final issue must be the degradation of the profession, retrogression in professional competency and acquirement, and consequent injury to the commonweal.

By no means can this progress of evil be arrested, save by establishing a minimum of qualification, without which no member can be suffered to undertake the responsibilities of medical practice; and, in order to ensure this minimum being acquired, by ordaining that qualification for practice shall be conferred by one examining and licensing body only in each division of the kingdom, uniformity of qualification and equality of rights and privileges being established throughout the whole. All entering the profession through the same course of instruction and examination, all would, of course, have their general competency adequately proved. In order to afford due encouragement for still higher cultivation, and for the exercise of superior talents, there should be a higher grade, to which those ambitious of it might ascend. Such an arrangement would fulfil all that has ever been accomplished by the old system, while the higher class, generated by the proposed plan, would have the signal excellence not only of high literary and scientific attainments, but the still more valuable requisite of maturity of practical knowledge.

These were the considerations which led the committee of the Provincial Medical and Surgical Association to recommend, and the Association itself to adopt, the late petition presented on their behalf to both houses of parliament, in which they pray for the establishment of one examining and licensing body for each division of the kingdom. Without such consolidation, it was the clear conviction of the framers of this petition, that no reform of the profession through mere modification of the existing institutions could be of the slightest avail; and believing this to be the grand requisite which could furnish the only sure foundation of any system of effective reform, they limited, and wisely as we conceive, the prayer of their petition to this one point.

Such a measure would not alone supply every want of the profession, but it is essential as a groundwork for every other amendment, and, with it gained, the profession could afterwards, and, with little aid from parliament, would be equal to work out its own regeneration. The examining and licensing bodies, having no direct interest in medical schools, would recognize those only which could furnish proof of their capacity; and the profession educated under such a system, could be at no loss afterwards in providing for efficient self-government. For this purpose it would be only required to create one general medical institution or college, or whatever might be its name, for each division of the kingdom. This might in the first instance be formed by unions of the present colleges of physicians and surgeons; and, as all legally



qualified practitioners should be admissible as a matter of right, and enrolled on verifying their testimonials, no unjust or capricious exclusion could take place. The self-elective system, too, in the appointment to offices, which obtains in all our present colleges, to their own detriment and the scandal of the profession, could be readily superseded by a more popular mode of election, in which the elective franchise might be limited to practitioners of three, five, seven, or ten years' standing, or in any other way that mature reflection should most approve. It may be imagined that by depriving the existing institutions of the right to confer the primary qualifications, they would be inert and useless. But so far from this being the case, release from the unsuitable office of examining and licensing is absolutely necessary for allowing them to attend to manifold duties which ought to engage their attention. It is apprehended, we know, that by withdrawing from existing institutions the right of examining and licensing, these institutions would, in the loss of their present fees, become ruinously crippled in their finances. But all such fear must be groundless; for if a general medical institution or college were to discharge the many important duties which would of necessity fall to its share, adequate support must be furnished to it from some source or other, as certain, at least, as that from which the present incomes of the several colleges are derived. As all medical practitioners would necessarily become enrolled in such colleges, a moderate introductory fee would raise a large fund in the first instance; successive enrolments would add to this; and should deficiency of means be, nevertheless, experienced, the services rendered to the state would amply warrant a claim on the public revenue, which no statesman would reject.

There is one more view of the subject yet to take, which may possibly reconcile one class of objectors to the kind of reform now contemplated. The old system of physician, surgeon, and apothecary, would in fact be revived, having only superadded to it the all-important class of general practitioners. Many apothecaries would still be needed; and these apothecaries are, in fact, already numerous, being the chemists and druggists of the present day, who are precisely what the apothecaries originally were in the days of yore. Why were the apothecaries withdrawn from their proper functions, and elevated into medical practitioners? Simply, because the want of the public for a general practitioner, though clearly manifested, was not supplied by those institutions which ought to have discerned the want, and provided for it. Having overlooked the want—having even doggedly refused to acknowledge it when pointed out to them with express solicitation for their aid in supplying it, the apothecaries had no alternative but to fill the chasm thus wilfully left void; and from 1815 to the present day, they have done so in a manner which reflects on the apothecaries' company the highest credit.

But ought it to be inferred from this that the present Apothecaries' Company is the body from which the general practitioners of the kingdom ought to emanate? We hesitate not to answer most determinedly in the negative. The Apothecaries' Company ought not to have the powers which they now possess; and the legislature will greatly fail in its duty, if the qualification of the general practitioner be not transferred to a less exceptionable source. In this transfer, no injustice will be done to the Apothecaries' Company. Antecedently to 1815, the associated Apothecaries had no province, save some superintendence over the drug trade. Accident, or rather the supineness of the Medical and Surgical Colleges, required them at that time to undertake a

higher function—and meritoriously have they discharged it. But the legislature which assigned to them this novel office is not only at full liberty to transfer it to other hands, but bound by every sense of public duty so to do. In resuming their old functions this company would find ample occupation, for greatly does the drug trade of the kingdom need enlightened superintendence; and in correcting its errors and abuses the Company of Apothecaries would find enough to do. By the members of this company—new modelled, perhaps, and with new powers, and under a new name, as a College of Pharmacy—should every dispensing chemist and druggist be examined and licensed; and to them, as the most competent judges, should all inspection of the drugs kept by dispensers be assigned. For such duties their capabilities would be acknowledged by all; and the faithful discharge of these duties would be a national blessing. Should any one, endued with peculiar foresight, surmise that a change similar to what took place among the older apothecaries, namely, that of conversion into medical and surgical practitioners, would still go forward among the chemists and druggists, our reply is, that such would be the difference of circumstances that no such tendency on the part of the latter need be apprehended.

The apothecaries became general practitioners, because the pressure of public necessity forced them into an unoccupied void. An adequate class of general practitioners being provided, there would be no void into which the chemists and druggists could pass. Prescribe they would, and ever will, behind their counters; nor could any legislation, however stringent, or penal, prevent this. But they would not, to any extent, engage in actual practice: the competition of a numerous, well-qualified, and active body of general practitioners leaving them no prospect of the slightest success in any such attempt.

We have thus presented to our readers briefly, and, so far as our knowledge extends, faithfully, the elements of a question which, regarded in its bearings on the well-being of the community, is second in importance to none. Earnestly do we recommend to all classes of the profession to give to it that dispassionate and mature consideration which the magnitude of the interests involved demands.

#### OBSERVATIONS ON THE PROPOSED MEASURES OF MEDICAL REFORM,

*With the outlines of a new plan, being a letter addressed to Dr. Headlam, of Newcastle-on-Tyne.*

12, Northumberland-street, Newcastle,  
December 18, 1839.

DEAR SIR,—Your signature was the first attached to the requisition calling the meeting at which the North of England Medical Association was formed—you were chairman of that meeting, and you are president of the Medical and Surgical Society of Newcastle, I, therefore, take the liberty of addressing to you some remarks on the political proceedings of the Provincial and of the British Medical Associations, with suggestions as to the course which appears to me best calculated to attain, speedily and effectually, an improvement in the medical profession.

I was at first under the impression that in preparing our petition and report, we might save ourselves trouble by following almost precisely in the steps of the other two associations; but having recently devoted more attention to the subject, I am convinced that the associations demand too much, and that, as a necessary consequence, their requests will be refused by parliament: indeed, when too much is asked,



the usual plan adopted by both houses is to shun altogether even the *consideration* of such exorbitant claims.

The British Medical Association proposes that there shall be a distinct medical faculty, with branches in London, Dublin, and Edinburgh, with arrangements for securing uniformity of regulations—namely, a conference of deputies from each branch: that the members forming the executive of this tripartite faculty shall be elected by the medical practitioners of the united kingdom: that the **SOLE LEGAL QUALIFICATION** for practice shall be the license of this faculty: that the general practitioner shall have the same title and grade as the physician and consulting surgeon: and, finally, that the most extensive powers shall be allowed to the senates of the faculty for the suppression of quackery, and the preservation of public health.

The Provincial Medical Associations' petition does not enter so much into detail as the "plan of medical reform" drawn up by the council of the British Medical Association—it agrees, however, with this document in the most important particular, in demanding a tripartite faculty possessing the power of examining and conferring a license, which shall be the **SOLE LEGAL QUALIFICATION** for practice.

With regard to the wish of establishing uniformity of grade amongst all medical practitioners, whether physicians, consulting surgeons, or general practitioners, little need be said. It is certainly possible to assimilate the legal *title* of all these divisions of our profession; but a distinction must ever exist between those who do not supply medicines and those who do: to legislate with the view of creating such uniformity of grade between men whose position can never be the same, would be nearly as absurd as to introduce a bill into parliament which would have for its object the compelling of all men to consider as one and the same substance two metals distinguished by such different qualities as lead and iron.

The two great, and, I think, insuperable objections to the plan of reform, proposed by the associations, may be referred:—1stly. To the extent of power which it is intended to confer on the tripartite faculty. 2ndly. To the election of the members of the new faculty.

The settlement of medical affairs should be considered as a kind of legal contract, or act affecting the interests of two parties—first, the public; second, the medical profession: and the faculty should be deemed trustees to the act of settlement, whose duty should be to see that all its provisions should be carried into effect. But if all the members of the faculty were elected by the medical profession, the trustees would represent only one of the parties concerned—namely, the medical profession; and the other party, the public, more numerous by far, would be wholly unrepresented. In parliament, there are many acute and watchful members—many of them sincere friends of the ancient universities and colleges, who will most certainly urge the preceding objection, which, I have little doubt, would prove fatal in the Commons, and would, beyond all question, lead to the rejection of the medical settlement bill in the Lords. In fact, such a constitution of the faculty would be repugnant to the spirit of our laws, and the universally acknowledged principles of equity.

The second great objection to the creation of a tripartite faculty so constituted, is the extent of power which it is intended to confer upon it.

It is proposed that the faculty should examine and grant licenses, and that these licenses should be the **SOLE LEGAL QUALIFICATIONS** for practice.

The result of this power would be to destroy at once, and in the most complete manner, the medical

and surgical colleges—to injure most seriously the universities of Edinburgh and Glasgow—to clip Oxford, Cambridge, and Dublin; or, in other words, to injure or destroy sixteen universities and colleges, which have many and powerful parliamentary friends—which possess wealth to pay for their defence—which are respected for their antiquity. It should be remembered that the members of both houses of parliament, have been, almost without exception, educated in the universities, and that even those of them who are least devoted to literature feel a certain degree of partiality towards alma mater. I am convinced, therefore, that unreasonable demands will either lead to the absolute rejection of medical claims, or to so great a delay in the obtaining of even a moderate measure of improvement, that few of the present race of practitioners can hope to live so long as to witness an improved legislation with regard to medical affairs. Even should the ultimate attainment of such sweeping measures be possible, a long time, indeed, must elapse before they can be carried, in despite of the formidable opposition they are likely to meet.

But the destruction of the medical colleges and universities should be viewed in another light. I am a graduate of Edinburgh—it is not my interest that the university whose degree I hold—according to whose statutes my education was pursued, should be ruined, depreciated, and held up as deserving of public condemnation or destruction. All medical men must feel as I do, simply because their interests are affected in the same way. I am almost confident then, that the present race of medical men (or the majority of them) are not desirous of overwhelming the medical institutions which at present exist, *provided they can attain all they want without effecting this annihilation.*

What plan of reform should be adopted? How are the present institutions to be saved, and, at the same time, improved legislation regarding medical affairs attained? I think by a compromise.

But what are the details of this compromise—how can it be arranged? I am not aware that any plan of this kind has been advanced, I shall venture, therefore, to give a sketch of measures which, it appears to me, ought to be satisfactory to all parties.\*

Instead of creating a faculty, possessing the power of *examining and licensing*, my plan would establish a board of control, the members of which should consist *solely* of medical men—half or two-thirds to be elected by their brethren throughout the country—and one-half or one-third to be nominated by the government.

Inasmuch as the government is answerable to parliament, **THE PUBLIC** would be represented in this board by the members appointed by the home secretary; these members would be wholly independent of the medical profession.

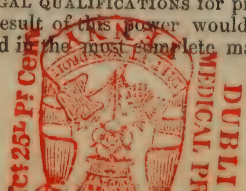
This constitution of the board would remove one of the objections to "the plan of the British Medical Association"—namely, that it would not be right to give such enormous power to a faculty in which the public and government would have no representatives."

*This board should not have the power of examining for licenses, degrees, or diplomas.*

In fact, to confer such power on the board would be to annihilate or curtail the present Colleges—a proceeding, for various reasons, to be avoided, if possible.

With this exception, the board should be invested with full and extensive powers—powers for the most

\* When this letter was written, I was wholly unacquainted with the opinions of Mr. Wood, of Edinburgh: I have subsequently, however, ascertained that Mr. Wood's opinions, in several respects, resemble mine.





part similar to those which the medical associations propose to confer on the projected faculty, or rather its senates.

The board should be armed with full authority to question and inspect the present Colleges in all matters connected with medical education and graduation;—to insist on an equal, or nearly equal, curriculum in all;—and upon a PUBLIC EXAMINATION\* for their diploma, license, or degree.

This examination should be of *equal duration* in every corporation, except the apothecaries' company, where, being *confined* to *materia medica*, pharmacy and chemistry, it might be much shorter.

In order to compel a *public and scrutinizing* examination, the board should have the right of sending inspectors to attend any examination.

The diplomas thus obtained should not confer any privilege; neither should the board of control (of itself) confer any privilege.

The board of control should have a registry office, and all diplomas or degrees should be registered in this office on oath, or a solemn affirmation; the board should have the power of refusing to register a diploma obtained from any College in disregard of the regulations issued by the said board. The affirmation should refer to the individual's identity, and should state that he had obtained his diploma according to the regulations.

Thus a degree, license, or diploma, would only qualify for *registration*, and would not constitute a legal qualification for practice, until the registry should be completed. The power of refusing to permit the registry on the grounds of irregularity, would enable the board to constrain and render obedient all the Colleges and Universities, especially as *this power* would be rendered more stringent by the right of inspection above alluded to.

The board of control would then be able to *enforce* uniformity and sufficiency of education, a scrutinizing examination, due registry, and the protection of those who register. What more is required? I most cordially agree with an opinion expressed by you in the course of conversation about two months since, that any attempt to dictate scales of fees, or to change the present division into physicians, consulting surgeons, and general practitioners, would be totally inoperative in England; any enactments of this kind would be evaded in a hundred ways, nor perhaps are any such changes desirable. The general practitioners, as a body, will never consent to abandon general practice, nor is it wonderful that they should decline to give up dispensing—as such a change would decidedly injure or reduce to beggary those who have numerous patients amongst the working classes.

In addition to the registry in the office of the board of control, a local registry should be contrived; it might be effected at quarter sessions, or through the clerk of the crown, or the Irish crown solicitors.

Any person practising without being registered should be punished by fine and imprisonment, summarily inflicted. The rich almost escape when fines alone are the punishment—the poor, when imprisonment alone; it should be *imperative*, therefore, that fine and imprisonment should follow conviction.

No chemist or druggist should be allowed to carry on business, without the license of the apothecaries' company, the examination for which should be limited to chemistry, pharmacy, and *materia medica*. No physician or surgeon should be allowed to *dispense*

without having gone through a similar examination in pharmacy. This license in pharmacy should be registered, like all other licenses or diplomas. It should merely entitle the possessor to act as chemist, druggist, or apothecary.

It is not probable that the apothecaries' company would offer any serious opposition to the limitation of their functions, to pharmacy—for the number of their licentiates would be enormously increased, as all *chemists* and druggists, as well as general practitioners, would be compelled to take their license. This fee should be diminished.

A body similar to the apothecaries' company exists in Ireland—one might be created in Scotland; all three should assume the name of "College of Pharmacy,"—a title which would more exactly define their *duty*.

A degree, license, or diploma obtained in any part of the empire should (when registered) confer a right to practise in *every* part.\*

It would be necessary also that the government of the medical colleges should no longer be vested in a few self-elected individuals; the councils or senates of these corporations should be exercised by *all the licentiates*. There is, however, every probability that legislation on this subject will be unnecessary, in consequence of the spontaneous opening of the Colleges to *all* their members.

The great advantages of this plan of reform, (which, of course should not operate retrospectively) are the following:—

First.—Medical reform would be obtained at an early period, because the hostility of the Colleges would be removed.

Second.—The plan would work better than the more sweeping and undefined system advocated by the associations.

Third.—The very working of the plan would raise a sum of money annually, which would be more than sufficient to indemnify the government for the expenses incurred by giving large salaries to the members of the board, &c. &c. (The salaries should be large; the members should be placed in as independent a position as the judges; they should, perhaps, be restrained from practice, except hospital practice.)

Fourth.—The plans of the associations would destroy or injure the present Colleges;—of course *compensation* should be given to the injured parties;—long established rights are never taken away without *compensation*. Although the *entire population* called aloud for the abolition of slavery, although slavery is opposed to the principles of the Christian religion and to humanity, nevertheless compensation was given to the slave owners. The inability of government to *afford* such compensation as the Colleges would require would lead to the rejection of the plans suggested by the two associations. No such objection could be raised to the plan I advocate.

Fifth.—Perfect protection would be afforded to the medical profession and the public.

Such are the conclusions at which I have arrived, after a careful consideration of the subject of medical reform; and I believe the views which I have ventured to advocate are not very different from your own, for I remember that, in the course of conversation several years since, you expressed (without entering into detail) similar opinions.

I have the honour to be, Dear Sir,

Your obedient servant,

MARTIN H. LYNCH.

To Doctor HEADLAM,  
15, Northumberland-street, Newcastle.

\* All members and licentiates of the Irish College of Surgeons have the right of attending the examinations for the diploma of the College. This regulation insures a *searching* and *fair* examination, and has contributed not a little to acquire for the diploma of that College, the high reputation which it deservedly enjoys.

\* The exclusive right of licensing in London, &c., should be taken from the College of Physicians, and the Irish College of Surgeons should no longer (*exclusively*) qualify for county infirmaries.



## MR. DONOVAN'S PLAN OF PHARMACEUTICAL REFORM.

The plan of Pharmaceutical Reform, promulgated by Mr. Donovan, is so well known that it need not here be detailed. It will suffice to say, that it contemplates the prevention of all *future* apothecaries from practising medicine and surgery, and confining them to the practice of Pharmacy, unless they procure the proper legal authority from the respective licensing corporations. Thus they would then be compelled to do what is now discretionary, if they chose to practice as general practitioners. The other chief feature of the plan is, that a general practitioner will be allowed to compound his own prescriptions only, or those of a practitioner called over him. It is not intended to interfere with present apothecaries: they may continue to practice as they always have done.

This plan has as yet met with no public opposition. There have been meetings of the apothecaries of several counties and towns; and in all cases, they have adopted Mr. Donovan's views. The resolutions or proceedings of most of the early meetings have been published in the *MEDICAL PRESS*: of those which have taken place lately, we subjoin an account.

The resolutions of a general meeting of the apothecaries of the County of Clare, October 3, are as follow:—

Resolved—That having fully considered the communication received this day from Apothecaries' Hall, and having also considered the letter of Michael Donovan, Esq., to the apothecaries of Ireland, we fully concur in the views of the latter gentleman.

Resolved—That Michael Donovan, Esq., deserves our entire confidence, and that we pledge ourselves to give him every support in our power to carry his intended bill, for the regulation of the apothecary profession in Ireland, through parliament.

At a meeting of the physicians, surgeons, and apothecaries of the town and county of Galway, amongst other proceedings, it was—

Resolved—That it is necessary the whole medical profession should be placed under regulative laws similar to the members of the legal profession—that departments should be assigned each, beyond which no member of any branch could practise with impunity, that in this arrangement we think the safety of the public would be protected, by giving the apothecary the exclusive right to the sale of medicine, simple or compound, by retail, in Ireland. That, with some exceptions, we think the heads of a bill published by Mr. Donovan, of Dublin, embraces all the requisites for such legislation.

At a meeting of the licentiate apothecaries of Belfast, October 12, Mr. Donovan's plan for establishing a College of Pharmacy, and the Apothecaries' Hall circular having been read, it was

Resolved—That, although we are of opinion that the Apothecaries' Hall, by a *timely* and *judicious* exercise of its authority, might have protected the interests of its licentiates, we cannot, at this late period, consent to give our sanction or support to its contemplated proceedings—especially while it continues *itself* to act, as we consider, *illegally*, in requiring from the candidates for its certificate a *medical* education.

Resolved—That as Mr. Donovan's plan appears to us calculated to remedy, as far as practicable, without violating any existing interests, the defective condition of pharmacy, it is entitled to our most cordial support.

Resolved—That Mr. Donovan's strenuous and persevering efforts to elevate the professional character and attainments of our body, and thereby promote its best and most vital interests, are deserving of our sincere gratitude, and that the respectful thanks of this meeting be accordingly presented to him.

## BRITISH MEDICAL ASSOCIATION.

## OUTLINES OF A PLAN OF MEDICAL REFORM.

At meetings of the Council of the British Medical Association, held at Exeter Hall, on the 9th and 16th of July, 1839, a report of the sub-committee, appointed to take into consideration the preamble and clauses of a bill for carrying into effect a general measure of Medical Reform for Great Britain and Ireland, having been read, and discussed at great length;

The following resolutions, embodying the fundamental principles on which the British Medical Association was established, were unanimously declared to contain those on which alone the said bill ought to be founded, viz.

I. That it is expedient and necessary to unite all the legally-qualified members of the medical profession of the British dominions into "one faculty," to be entitled "The British Faculty of Medicine."

II. That this "faculty" shall have the power to elect periodically, by ballot, a governing body, to be called "The General Medical Senate," consisting of a senate in London, Edinburgh, and Dublin, to be elected by the respective members of the faculty in each country.

III. That these national senates, (of England, Scotland, and Ireland,) elected as aforesaid, shall each be subject to the same regulations; and that their members, or a part of them, shall meet from time to time, to consult together, and act unitedly as "the general medical senate," in framing and administering all necessary laws for the government and protection of the faculty."

IV. That the general medical senate, so constituted, shall alone have power and authority to frame, adopt, and promulgate all necessary bye-laws, for

1st, Regulating the said faculty.

2nd, Defending the rights and privileges of the members.

3rd, Superintending the medical police of the country.\*

4th, Advising her Majesty's government on all subjects connected with the public health.

V. That the members of the councils or boards of the several existing medical corporate bodies in England, Scotland, and Ireland, shall be invited to take part in the preliminary steps towards the formation of the first general medical senate.

VI. That all future candidates for practice in the healing art shall be examined by a board elected under such regulations as the general senate shall enact for that purpose.

VII. That an uniform high qualification—the result of an extended course of preliminary and professional education—shall be required of all the candidates; to be tested by one or more public examinations—theoretical and practical.

VIII. That all persons examined and recognised by the senates, and admitted as members of the faculty, shall receive the same title or denomination; enjoy equal rights and privileges; and alone have the power to exercise any or all of the branches of the healing art in any part of the British dominions: subject to such regulations as may or shall be established by the general senate, for the interests, welfare, and respectability of the profession.

IX. That no member of "the British Faculty of Medicine" shall be permitted to *sell* drugs, or to compound medicines, unless prescribed by himself, or by others in consultation with him, and for his own patient or patients, except in rural districts and by special license from the senates.

\* The question of quackery: the granting of patents for particular medicines—and the sale of poisonous substances, will form part of this department



X. That members of the faculty who may continue or wish to act as general practitioners, and supply their own patients with medicines, shall be authorized to charge for their attendance, in addition to the cost of medicines so supplied.

XI. That, in future, all persons purposing to exercise the calling of chemist and druggist, or compounders and sellers of medicines, (to whom the title of apothecary shall henceforth be limited,) shall undergo a suitable examination before a board appointed by the general senate, and be licensed accordingly, exception being made of persons already so engaged.

XII. That a general and continuous register of all persons who are now legally practising, or who shall in future be legalized to practise the healing art, shall be kept in each of the three kingdoms, under the direction of their respective senates; as also of those who are now allowed, or who shall in future be licensed to act as chemists and druggists, or compounders and sellers of medicines; and that such general registers shall be the only great public documents to be referred to, in order to establish the legality of any medical practitioner, chemist and druggist, or compounder and seller of medicines.

Resolved unanimously.—That the foregoing resolutions be forthwith printed, with a view of apprising the members of the association, and the profession at large, of the intended measure of medical reform, and of affording them the opportunity to consider the same, and to communicate any suggestions to the council of the association.\*

Signed

GEORGE WEBSTER, M.D., President.

C. H. ROGERS HARRISON, Hon. Sec.

#### A BRIEF NOTICE OF SOME PUBLIC INSTITUTIONS IN PRAGUE.

By THOMAS LAYCOCK, M.D., of York.

THE city of Prague, and its institutions, have received far less of the attention of British travellers than they deserve. As a summer residence it would be a delightful spot, were it not that, at that time, the élite of its inhabitants congregate, with others of their order at the baths, according to the universal fashion in Germany. The public buildings are of first-rate character; no one can pass the university without being struck with the scale of grandeur upon which it is built. The 1200 students, and 80 or 90 professors were all gone when I was there, it being the vacation. The various departments of police, punishment, and medical relief, are equal to those of Prussia, if not superior, and there is an air of commercial activity and bustle about the city altogether, very gratifying to an Englishman.

The information I obtained about its institutions by (I must confess) a very hasty glance, was just sufficient to awaken my curiosity, and perhaps if I lay it before your readers, it may have the same effect on them, and induce those who have the opportunity to furnish the British public with more useful details. Being fortunate enough to obtain an introduction to Dr. Stelzig, physician to the house of correction, I was enabled to see the wards of its hospital as well as the prison itself. The number of prisoners averages 700, for which there are 30 watchmen and 7 superior officers. The convicts work at every trade, each at their own, if they have one—carding, spinning, weaving, dyeing—carpenter's, smith's, and coopers' work, and

working in hair, &c. The youths are taught trades. The cells are twelve or fourteen paces long, and two or three wide, each contains ten beds: they are warmed by hot air—have double doors, with a chaise percée between them, and outside a wooden jug of water and a bowl. The prisoners have flesh once a week only, and all are in fetters except those who are too weak to drag them, which is certified by the medical officer. Speaking is not permitted, but I saw several transgress the rule. Refractory prisoners are punished by solitary confinement; and cells are set apart for the purpose. There are six or eight young women amongst the prisoners, who are being punished for infanticide. One of the superior officers, an intelligent old French soldier who deserted from Napoleon, told me, that these young women were the best behaved of all the prisoners, but those who had been the longest in prison were the worst.

The prison is pleasantly situated on an eminence overlooking the Moldau and its handsome bridge, and the noble city above it, and along its banks. There are numerous workshops, and two or three yards, besides a pleasure garden attached to it; the latter (for convalescent sick) contains a bath house for the administration of the shower bath and the douche, in cases of rheumatism. The part devoted to the hospital contains four wards and about sixty patients, some of whom wore their fetters. Doctor Stelzig had a very convenient mode of having the number of stools, and the hour at which they occurred (diarrhœa being at all times prevalent) chalked on a black board hung at the head of every bed, a stroke being made by the patient at each stool. This saves the time and trouble of asking, and besides is more precise. The average number treated per month (?) is about 300, but of these, there is a number of sickly creatures, who are continually returning to hospital, and so are counted over and over. The returns which Dr. Stelzig showed me were of no use professionally, as they were merely official. On entering my name in the visitor's book, I looked for those of my countrymen, but could only recognise Lord Teignmouth's, who appears to have been there in 1834.

Dr. Stelzig has written a useful work on the topography and statistics of Prague, and amused me with some stories of the Hussite times. I only regretted that he spoke (German) so fast and thick, being past middle age, that I had some difficulty in comprehending all he said. He informed me that, (as in other prisons,) they had many cases of diarrhœa which ended occasionally in low fever; and he assured me he had found the following mixture most efficacious in checking the purging, as well as in the epidemic cholera:—

R. Aquæ Udœi, ℥vj.

Acidi Tartarici, gr. xviii.

Mucil. Acaciæ.

Syrup. Udœi aa. ʒi. M.

Coch. i. parv. (?) omni semisse horâ sumendum.

In the onset of the disease this mixture may be given with the greatest confidence; but at a late period it is of little or no use. His experience of the disease must certainly be considerable.

We chatted, too, about the hydrotic or semi-San-grado plan of treating disease lately introduced into Germany—namely, perfect quietude of both body and mind, a vegetable diet, and the imbibition of huge quantities of plain water daily. We both agreed it was nothing but an antiphlogistic method of treatment on a novel plan, and might be useful in curing those fanciful refractory patients who, having got a smattering of medical knowledge, interfere continually with the common methods. An old Baron,

\* In drawing up the above plan, many obvious details presented themselves at every step: but the council have been anxious to embody only such PRINCIPLES AND OUTLINES as they humbly conceive ought to be comprehended in any great measure of national medical reform, leaving the details to the proposed faculty, or to the senate.



resident near Leipsig, whom I met in Dresden, and who had served many years in the British army, told me he was cured by this method of a spitting of blood (the result of a thorax wound,) to which he had been subject for many years. He became very thin and weak during the process.

I wended my way from the prison to the general hospital, comprising also a lying-in hospital. A lunatic asylum is also connected with it, but is a short distance off: the whole is under one management, and comprises eight hundred beds. The patients of every kind are divided into classes, and pay a weekly sum, more or less, according to the quality of their food, and the style of their apartments.

One interesting feature in the institution is—that there is an apartment devoted solely to the gratuitous reception of poor sick students of the university—a sum of money having been left for the purpose. Something similar would be useful in the metropolitan cities of the united kingdom, since they abound with poor literary characters to whom an association with the people, usually found in a general hospital, would be less tolerable than the combined pressure of poverty and sickness.

There were those cases in the hospital which are found in every other. Desault's splints are used for fractured thighs: in a case of amputation the circular operation had been performed. Venereal cases abound, and are treated by mercury, Zittmann's decoction, and hydriodate of potass. There is a salivation ward where a number of those wretched beings are immersed in their own stench, who had been treated according to that barbarous practice, technically termed, a regular course of mercury.

The resident physician of the hospital for lunatics spoke a little English, and was, apparently, a mild studious young man. I was introduced into the soup kitchen, and tasted the different qualities of soup: all were excellent, and everything about very clean and methodical. I found so many as eight beds in one room for the lowest class of patients—in others two or three. The moral plan of treatment is followed; the patients work in the gardens, (which are very extensive,) build, &c., when the weather is fine: and play at billiards, cards, &c., or have a concert when it is not. The whole is infinitely superior to its kindred institution at Vienna, which forms a part of the *Algemeine Krank-haus* there: that at Vienna, is a disgrace to the people, abounding in chains, and straw, and perpetual imprisonment. Indeed, every body is aware of its defects, and I was informed that plans were in progress for its amelioration.

The next institution I looked into was the convent of the sisters of St. Elizabeth. This is one of the few monastic institutions which are useful. The sisters devote their attentions to poor sick women, and I found about sixty under their care. One had phrenitis, two or three had low fever, and others with derangement of the gastric organs which the physician called nervous fever; a term used in the south of Germany, very much in the same vague manner as it was in England about forty years ago. The apothecary is one of the sisters, and has the diploma of Master of Pharmacy, from the University of Prague, where she studied. Mr. Schön, a merchant of Hamburgh, to whom and his amiable family I am much indebted; to himself for the opportunity he procured me of seeing the institutions of the city, and to his family for many kindnesses, although a stranger: Mr. Schön introduced me to the gentle, if not fair, pharmacienne as a brother practitioner, whereat she laughed heartily, and showed me at once her sanctum where her medicines, principally distilled waters, were arranged in regimental order, and duly labelled *secundum artem* in Latin. I had a peep into these

good ladies' cells, and found them no cells at all, but snug little rooms, hung round with paintings, and furnished with such things as neat, cleanly old maids delight in. The walls of the gallery are covered with paintings of no mean pretensions, by a native artist, a Jesuit, named (I think) Ranner. I thought the physician had a very perceptible smatch of old womanishness in his manner, but this might be fancy. The last institution I shall mention, is the asylum for the blind. This was begun by Professor Clar, of the University, with a few pounds; and much faith in the assistance of providence. His pious widow managed the whole after his death for six years, when family matters obliged her to leave it. Six sisters of charity were sent for from France to succeed her, and give great satisfaction. The superior displayed all the good nature, activity, and intelligence which distinguish the members of her order, and was pleased to have the opportunity of chatting with me in her native tongue about her native land. She told me there were 1200 or 2000 (I am not positive whether,) sisters in France, but only twenty in the Austrian Empire. This is a sisterhood which might be grafted on protestantism, and supply a number of educated upper nurses for our general hospitals; a class of women much wanted.

The institution contains between twenty and thirty blind, who knit, perform on musical instruments, &c. The two portraits of the founder and foundress, hung in one of the rooms, are the beau ideal of pious benevolence and good nature; and it was delightful to see the poor patients, so soon as they heard her well known voice, (for Madame Clar was with me,) rush forward to kiss the hand of their old protectress with every demonstration of affection and gratitude. Madame Clar has the satisfaction of seeing her benevolent plans successful; for the Emperor, and several wealthy individuals, have taken the institution under their protection, and a new, splendid, and substantial edifice is in progress of erection.

York, 21st Nov. 1839.

#### TO CORRESPONDENTS.

Communications received from Drs. Hamilton, (N. T. Stewart,) Goodall and Nunn, (Wexford, Cronin, (Cove,) West, (Ballinacargy,) Marshall Hall, (London,) Davies, (Dunmore,) Gray, (Galway,) Verling, (Enniscorthy,) Mr. Gulliver, (London,) and several others, to whom private answers have been sent.

As postage has now ceased to be an object, we shall feel obliged by our Subscribers giving us IMMEDIATE information of any irregularity which may occur in the transmission of the Press, in order that such may be rectified before the Numbers become scarce.

#### TO OUR SUBSCRIBERS.

We beg leave respectfully to inform our friends that their Subscriptions for 1840, are now due. As the increasing business of the Press has obliged us to take measures for extending our office establishment greatly beyond what we contemplated this time last year, we feel much satisfaction in being able to inform our professional brethren and friends, that our people of business will now be able to attend to any of those numerous little commissions, professional or otherwise, which provincial medical men are constantly requiring to have executed in the metropolis, and that we shall be at all times happy to see or hear from them at our office.

The importance of our table of contents must be our excuse for the absence of a Lecture this week. Our next Number will contain Mr. Carmichael's third lecture on *Scrofula*, and the succeeding one, Professor Porter's eighth lecture—on *Abscess*.



English correspondents are requested to send their communications, *carriage-free*, either direct to the "Medical Press Office, Dublin," or to Mr. Churchill, Prince's-street, Soho, by whom all advertisements and orders will be taken in. Advertisements received for insertion in London until noon on Fridays, and in Dublin until six o'clock on Monday evenings. The increasing circulation of the PRESS, (as shown by the Parliamentary stamp returns,) makes it a particularly advantageous medium for all announcements of matters connected with literature, or with medical or scientific pursuits. The MEDICAL PRESS may be ordered from all news-agents in England, who will please to forward their commands through Mr Joseph Thomas, 1, Finch-lane, Cornhill, London.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 15, 1840.

### PROPOSED INQUIRY INTO THE STATE OF THE PUBLIC HEALTH.

In a late number of this journal, (Vol. II., p. 373,) we offered some observations upon this subject, and ventured to point out what appeared to us to be defects, both in the plan adopted by the poor law commissioners, and in the proposed mode of its execution, neither of which, we conceive to be well calculated to effect the object contemplated by the House of Lords, when that body prayed Her Majesty "to cause inquiry to be made as to the extent to which the causes of disease, stated in the appendices of the poor law commissioners' 4th and 5th reports, to prevail amongst the labouring classes in the metropolis, prevail also amongst the labouring classes in other parts of England and Wales." Having done thus much, it was our intention to have followed up our remarks by a sketch of what, in our opinion, ought to be the line of enquiry adopted, in order to obtain sound, extensive, and really useful knowledge on this most important subject. Other pressing duties have retarded the execution of our design, but we now gladly revert to it, and lay hold of the present opportunity to offer a few brief suggestions for the consideration of the commissioners.

The end which it is desirable to attain, appears to us to be, a thorough knowledge of the condition of the country, as regards the existence and prevalence in it of the causes of unhealthiness, in order that such knowledge may be turned to practical account for the prevention of disease, and its natural consequences—pauperism, and wasteful expenditure of the resources of the nation. This is the plain, common sense, financial view of the matter, and we employ it as being likely to be felt and understood by many, whose sympathy for the sufferings of their poorer countrymen under the infliction of disease, might not be sufficiently strong to overcome their dislike to loosen their purse-strings for the defrayment of the comparatively trifling expences of such an investigation. The question next to be considered is—how is this knowledge to be most easily and perfectly procured? We have already shewn (MEDICAL PRESS *loc. cit.*) that the circular of the commissioners—by confining the inquiry to certain circumstances belonging to the *residences* of the labouring classes, necessarily restricts its usefulness within very narrow bounds; and further, that the mode proposed for carrying even this limited plan into execution, is not likely to prove successful. We have now before us the form of return to be filled up by the district medical officers, which merely contains columns, for the number of cases; names of the diseases; occupations of the applicants;

and situation and state of their residences. It must be obvious, that were such returns to be completed with the utmost diligence and zeal by the medical officers, they would not supply any information which could be extensively useful, either to the physician or the legislator. We need not go farther into their defects, than to mention that the very striking conditions of age and sex have been entirely disregarded in their construction: were they in every other respect perfect, the absence of these essential elements of any calculation in vital statistics renders them worse than useless.

But we cannot so much blame the constructors of these forms for their incompleteness, as a very little reflection will convince those competent to judge of such matters, that the present state of our knowledge is far, indeed, from being perfect enough to enable us to lay down any certain and complete set of rules whereby we can determine the absence or presence, in any locality, or under any set of circumstances, of the physical causes of health or disease. This conviction of our imperfect knowledge is, in fact, the basis upon which the proceedings of the commissioners ought to be founded; otherwise their inquiry will be commenced in speculation and prejudice, and must, of necessity, end in error and confusion. The most accomplished and skilful physician cannot say *a priori* that this or that place, or such and such circumstances, are healthy or unhealthy: his conclusions on the subject, to be just, must be the result of particular observations, compared and generalised, and as these observations must vary, according to the differences of many circumstances, it follows, that the information in the present instance required, can only be procured by a full, and yet uniform examination of the sanatory condition of many parts of the kingdom.

Many hands ought not, indeed, could not, be employed upon such a work; as upon a nice and accurate comparison of the analogies and differences of many, perhaps not very striking particulars, the whole value of the results must depend. It appears to us, therefore, that the very first step of the investigation should be the appointment of two or three individuals, known to be competent for the task by an acquaintance with medical theories and practice; and, what is equally essential, possessed of minds capable of casting off scholastic prejudices, and sufficiently comprehensive to grasp and examine the many and various relations and differences which it would be their business to develop. For such a work, somewhat of enthusiasm in the character of the labourer would be a necessary qualification—nothing but a high sense of its unbounded importance could lead any man who reflects upon its nature and end, to enter upon the performance of such a task. However diligently and judiciously the investigation may be pursued, it is impossible that it can at once produce results satisfactory to the multitude. Even were it possible that perfect knowledge could be immediately obtained upon the subject, years must elapse before its soundness could be tested, or its truths generally received.

The portion, therefore, of the enquirers, if they faithfully discharge the duty devolved upon them, cannot fail to be, in the first instance, harassing, protracted, and were it not a search after truth, most irksome labour; and as their *immediate* reward, with almost equal certainty, the dissatisfaction and disappointment of the public. Let us suppose, however, that men properly qualified, were found willing to undertake the risks of an employment so uninviting in all but its noble object—the alleviation of human suffering—what should be the course and order of their proceedings?

It is to be recollected that the subject must be in-



vestigated under a number of different phases—that, for example, the larger and smaller manufacturing towns must be examined, and analogies and differences sought out—as to the kind of employment of the inhabitants; whether carried on by numbers congregated together in large buildings, or otherwise—as to the direction and ventilation of the streets—the residences of the poorer classes—their habits and mode of life—the liability to regular or occasional immigration, and to vicissitudes in the amount of employment—the state of sewerage, quays, and cemeteries—the supply of water, and many other matters, all of which must be noted, as far as possible, in connexion with the diseases prevalent in each place, and the average mortality at various periods of life. Before jumping to any conclusions, similar inquiries should be made in rural districts, under various circumstances, and also in those portions of the country almost peculiar to England, which, covered by a population of small manufacturers, can neither be classed as rural or urban.

As it is probable that both many analogies and many differences will be found to exist, among all these particular observations, upon the careful generalization of which will depend the eduction of useful information, we think it must be obvious that each observer ought, as far as possible, to examine independently a number of localities under all the various circumstances. Indeed, to assure a complete observation by each, it might even be advisable that certain of the larger towns should be visited by two inspectors at the same time, but independently of each other.

An entire set of observations being in this way made by two or three persons, the construction of a report should be a joint labour, and should consist of a careful digest of the conclusions arrived at, in the first instance, by each man's comparison of his own individual researches, and subsequently by a cautious analysis and collation of the whole. If the result should not *at once* reach the actual truth; we conceive, it could scarcely fail of furnishing the means of removing from the minds of men a vast and burthensome mass of prejudice and error.

Such a foundation being once laid, the commissioners would be competent to undertake and pursue regularly, a series of inquiries by means of the district medical officers, for which they would then be able to construct a working model, and the fruit of which would, in all human probability, be a vast saving of human life, and alleviation of human misery, as well as a reduction, the amount of which, is at present incalculable, in the burthens which pauperism now lays upon the resources of the empire. Is the paltry expense likely to attend such measures as we have pointed out, to be allowed to outweigh the reasonable expectation of obtaining such inestimable benefits?

#### SEE YOUR REPRESENTATIVES BEFORE THEY GO OVER TO PARLIAMENT.

EVERY man who feels that his interests are identified with those of his profession in general, should make it his business to see the member for his county or town before he goes over to attend his parliamentary duties, and remind him of the necessity of paying more attention to the welfare of the public as far as medical affairs are concerned than has heretofore been given. The justice and policy of giving medical men adequate remuneration for their public services should be firmly urged, and the particular instances where this is denied pointed out. The extreme hardship of a person in active practice being compelled to go a considerable distance to attend a trial before the assistant-barrister, and, perhaps, to remain a day or two, without remuneration or even payment of travelling expenses should be explained,

and the injurious effect of permitting the rate-payers to interfere to prevent proper medical evidence from being obtained at coroners' inquests, insisted on. Every effort should, in fact, be made to convince the members of the legislature that the members of the medical profession are determined to obtain that consideration for this department of the public service which its importance demands.

It is to be recollected that these questions have nothing of a party nature, and their consideration can, without any delicacy, be pressed upon members on both sides of the House, by medical constituents of every shade of political opinion.

#### ATTEMPT TO ARREST THE PROGRESS OF MEDICAL REFORM, AND PREVENT THE EXPOSURE OF ABUSES, BY THREATS AND INTIMIDATION.

THE Editors of this Journal have received a distinct, undisguised, and unequivocal intimation, both verbally and in writing, that if they continue their exertions in favour of Medical Reform, or persevere in the exposure of abuses, either in the "PRESS," or in the College of Surgeons, effectual means will be resorted to, either to deprive them of their Professorships, or to break up the school of the College altogether. How far such a threat, especially taken in connexion with certain facts which have come to our knowledge, is justifiable, or to be made with impunity, remains to be proved. For the present we shall merely say, that we treat this attempt to coerce or silence us with the contempt it deserves, and that, even if the parties had lawfully the power which they thus propose to exercise, we should not hesitate one moment in setting it at defiance. We are not at this hour of the day about to barter our independence for any of the corporation loaves and fishes, in the gift of these gentlemen, or to admit for one moment, that our rights are dependent on their suffrages. We rely on the law of the land for our protection. One advantage to us, however, results from this and other recent demonstrations; the truth of our repeated assertions, that this Journal was not the organ of any party, College, or corporation, or the advocate of any exclusive interest is now pretty well established.

#### MEDICAL OFFICERS OF WORKHOUSES.

**SOUTH DUBLIN UNION.**—The guardians have resolved that the medical officers of this union, shall consist of a physician, surgeon, and apothecary, each to possess a qualification in his respective department, from one of the Irish medical institutions. The salaries have been fixed at £60 each, for the physician and surgeon, and £80 for the apothecary, who is to reside in the workhouse.

**NORTH DUBLIN UNION.**—The election of medical officers is fixed for the 12th of February.

#### LONDON BILLS OF MORTALITY.

WE cannot see the use of giving publicity to this disgraceful evidence of the neglect with which all matters relative to public health are treated in this country. No reliance whatsoever can be placed on the statements, and, consequently, they are worse than useless. The deaths have been 16,685, of which it is stated that 2 only have occurred from hernia, 2 from tetanus, 4 from scrofula, 4 from dysentery, 3 from stone and gravel, and amongst the *casualties* we have 67 dead by visitation of God. The operations for hernia, stone, &c. in the London hospitals must be marvellously successful if the fatal results be as here stated; it is obvious, however, that the parties who frame this ridiculous document have no information whatever on the subject, and that it is, therefore, only fit for the pages of an astrologer's almanack.



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, JANUARY 9, 1840.—Council met.

Following opinion given by the Right Honourable the Attorney-General, upon the case submitted to him, by order of the council, was read, and ordered to be published in the Press:—

"I concur in the opinion given by Serjeant Greene on the case laid before him; and I think that the 26th section of the act, on which this question is raised, (31, Geo. III., c. 34,) is altogether confined to the cases of *apothecaries acting as such*, and has no reference to the practice of physicians or surgeons, so long as the latter confine themselves to the duties of their offices, as the medical officers of public institutions, or to the supply of medicines (simple or compound) to their private patients. Indeed, the very words of the section referred to, in themselves exclude the possibility of applying it to such cases—for they are:—"If any APOTHECARY shall OPEN SHOP, &c., &c.; and, in the preamble of the act, it is mentioned as one of the reasons for its being passed—that the want of such regulations as are provided by it, had led to "the disappointment of the PHYSICIAN." I am, therefore, very clearly of opinion that in none of the cases put forward in these queries, could the acts relating to apothecaries, be made use of to invalidate an election, or affect the individual who may act in the manner described, if he is a duly qualified physician or surgeon, and confines his practice, as to the supply of medicines, to the public institution to which he is attached, or to his private patients.

"Signed

"MAZIERE BRADY.

"January 4, 1840."

## CORONERS' ORDERS.

TO THE EDITORS OF THE MEDICAL PRESS.

Abbeyleix, January 12, 1840.

GENTLEMEN—As every case of what may be considered a medical grievance, finds in your valuable paper a ready and willing publication, I wish through your columns, to give publicity to what I conceive to be a portion of that harsh treatment which the profession is every day receiving at the hands of the public, but which presses on us with peculiar severity, when members of our own profession are instrumental in inflicting the blow.

Last Saturday was the presenting sessions day at Abbeyleix, I had two Coroners' orders for the moderate sum of two guineas each; when they came to be passed before the bench of magistrates, (one of whom is a medical man, a licentiate of the King and Queen's College of Physicians, who had been raised to the high dignity of a justice of the peace, either from the character he bore as a medical practitioner, or his great extent of landed property, but certainly, not to watch over the interests and welfare of the profession as the sequel will prove;) when they were laid, as I say, before the bench, this medical gentleman was the first to recommend that they should in every instance be reduced to half the sum (one guinea,) and when I attempted to reason with the magistrates and cess-payers then assembled, to prove to them, that one guinea was not a sufficient remuneration for the loss of time in attending on the coroner and jury, to the neglect of private engagements, and in almost every instance to the disgusting and disagreeable nature of the examination, it was met by an imperative call to order, and on the influence, I must say, of this medical magistrate, they were reduced to one guinea.

I was anxious then to have the orders withdrawn altogether, and preferred not receiving anything, than to have it printed in the query book of the county, that the magistrates and gentlemen of my own locality, should consider my professional services of less value, than (with very few exceptions indeed,) were the services of the other practitioners of the county—by their respective magistrates and cess-payers, but who had not the misfortune to have a brother chip, a J.P.—still, neither remonstrance or entreaty was of any avail, I was not allowed, even to withdraw my reduced orders, and indignity must be offered to him who had dared to impugn the justice of their decision. I must be posted as being thought only worthy of half remuneration, and those gentlemen, who, on the plea of economising the public money would reduce a professional man to half his just rights, still persisted, even against his own expressed wish, in saddling the county with that half.

It was very natural that the magistrates and cess-payers present should have allowed themselves to be influenced and controlled by their brother J. P. and M. D.; they must have thought him more competent to form a proper estimate of what a medical honorarium ought to be; and when he would not assist in upholding the respectability of the profession to which he belonged, but, on the contrary be most forward in depreciating it in public estimation, I think common decency ought to have induced him to leave the bench while the subject was debating, lest the public should impute other motives than the broad principle of duty, to his zeal on that occasion.

To this determination I have come, never again willingly to attend as a medical witness at an inquest; never again either to receive a coroner's order, or present it. I will leave that to the medical J. P. and not envy him, when he becomes a claimant himself, if he receives better treatment; and let the country gentlemen bear this in mind, that if, in their hours of sickness and affliction to either themselves or their families, they expect that unremitting attention, that assiduous care and anxious solicitude, to the sacrifice of ten times of the medical man's own health—if they expect to meet in the country practitioner both the physician and the friend, they should never forget that he will require fair treatment at their hands.

Yours very faithfully,

W. BOXWELL, M.D.

## PROMOTIONS.

CIVIL.—Dr. John Carte has been appointed to the dispensary of Shanagolden.

Dr. Glissan to the Nenagh Fever Hospital.

The West Cove dispensary is divided into northern and southern districts—Dr. Barry superintending the former, and Dr. Thompson the latter.

MILITARY.—39th Foot.—Assistant-Surgeon, J. Sinclair, from the Staff, to be Assistant-Surgeon, vice Davis, deceased.

51st Foot.—Assistant-Surgeon, J. L. Tighe, from the 75th Foot, to be Surgeon, vice Miller, deceased.

75th Foot.—A. Gibb, M.D., to be Assistant-Surgeon, vice Tighe.

HOSPITAL-STAFF.—J. Bourke, gent. to be Assistant-Surgeon to the Forces, vice Sinclair, appointed to the 39th Foot.

## VACANCY.

Dr. Bailey has resigned the Kilfinan Hospital

Mr. Morison, "the Hygeist," has issued an address, cautioning the public against "Medical Reform." — *Gateshead Observer*.



### MEDICAL REFORM.—RADLEY'S CLUB, AND "THE PRESS."

At a meeting of the members of the western branch of the county of Clare Medical Association, held at Kilrush, on Wednesday, January 7, 1840; Dr. James O'Donnell having been called to the chair, and Dr. Foley requested to act as secretary, the following resolutions were adopted:—

Proposed by Dr. Griffin, seconded by Dr. Foley,

Resolved,—That we view with regret the establishment of a society in Dublin, which though calling itself "The United Medical Club," must from the exclusive mode of its formation, do decided mischief by creating *disunion* and *bad feeling* in the profession.

Proposed by Dr. Lucas, seconded by Dr. Elliott,

Resolved,—That the Medical Association of Ireland, formed as it is upon a broad and liberal basis, and uniting within itself the great majority of the medical practitioners of Ireland, possesses our entire confidence.

Proposed by Dr. Foley, seconded by Dr. H. O'Donnell,

Resolved,—That the DUBLIN MEDICAL PRESS now commencing its second year, has, by its steady, resolute, and very consistent advocacy of much-required Medical Reform, secured to itself the confidence of every member of the profession, who, devoid of narrow, selfish, grovelling feelings of self-interest, has the well-being of his profession sincerely at heart.

Proposed by Dr. Elliott, seconded by Dr. H. O'Donnell.

Resolved,—That if the MEDICAL PRESS had no other claim than being the means of establishing the Congress, and wide-spread "Medical Association of Ireland," it is entitled to our utmost confidence and fullest support.

Dr. O'Donnell having been moved from the chair, and Dr. Elliott thereto, the thanks of the meeting were unanimously voted to Dr. O'Donnell.

W. FOLEY, M.D., Secretary.

### REGISTER OF THE WEATHER,

		Max. T	Min. T.	Barom	Rain.
Sunday	Jan 5,	45	39	29.968	.060
Monday	6th,	41	35	30.114	.004
Tuesday	7th,	40.5	30	30.172	
Wednesday	8th,	39	30	30.172	
Thursday	9th,	39	29	30.250	
Friday	10th,	40.5	34.5	30.380	
Saturday	11th,	49.5	36	30.272	

### JOHN MILLIKEN,

#### SURGICAL INSTRUMENT MAKER & CUTLER,

12, Grafton-street, opposite Wicklow-street, Dublin,

Begs to inform those Gentlemen who were kind enough to hold over their orders, that he has now completed his alterations, and is ready to execute them with the same care and dispatch as heretofore.

Having constructed a Midwifery Model, under the direction of Dr. J. M. Swift, of quite a different construction from those of London or Paris, being made on the natural Pelvis, and retaining the curves, &c., together with an elastic vagina, he confidently looks for the support of the Midwifery Lecturer.

He begs to inform Surgical Lecturers that he is now ready to take orders for a model to shew the application of Splints, Bandages, Dislocation Apparatus, &c. &c.

Artificial Legs and Arms made to order. Trusses, Laced Stockings, Knee Caps, Suspensory Bandages.

### COPLAND'S DICTIONARY.

FANNIN and Co., have this day received the Sixth Part of COPLAND'S DICTIONARY of PRACTICAL MEDICINE.

### DISEASES OF THE HEART,

Just published, price 2s.

A TABULAR VIEW of the SIGNS furnished by AUSCULTATION and PERCUSSION, and of their Application to the Diagnosis of Diseases of the Heart. By O'BRYEN BELLINGHAM, M.D.

Dublin: FANNIN and CO., Grafton-street.

"Dr Bellingham's table supplies us with an accurate and concise view of the present state of knowledge in this department of medicine, and will be found highly valuable both to practitioners and students."—*Dublin Medical Press*.

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Dublin: Office of the MEDICAL PRESS, 13, Molesworth-street. London: 16, Prince's-street, Soho.

### AGENTS, THROUGH WHOM ORDERS AND ADVERTISEMENTS ARE RECEIVED:—

GLASGOW—Mr. D. Robertson, 188, Trongate.

EDINBURGH—Messrs. Carfrae, 62, South Bridge-street.

—Mr. J. Harthill, 297, High-street.

LIVERPOOL—Mr. Wahmsley, 29, Church-street.

LEEDS—Mr. Cross, 2, Commercial-street.

MANCHESTER—Mr. Simms, Exchange-street.

NEWCASTLE-ON-TYNE—Messrs. Currie and Bowman, 33, Collingwood-street.

YORK—Mr. Sunter, 23, Stonegate.

NEW YORK—Mr. G. Adlard, Broadway.

### FORKHILL DISPENSARY.

There will be an ELECTION of a MEDICAL SUPERINTENDENT to the FORKHILL DISPENSARY, on SATURDAY, the 1st day of February next, in the room of Dr. George Cunningham, appointed to the United Dispensaries of Clonard and Kinnegad.

Applications, Testimonials, &c., will be received by the Secretary, Dispensary, Forkhill.

December 12, 1839.

### COUNTY GALWAY INFIRMARY.

The GOVERNORS of the GALWAY INFIRMARY require a Head Nurse, chiefly to act as House-keeper, and two Assistant Nurses. The Head Nurse must read and write, and understand something of keeping accounts. Salary of Head Nurse, £19 per annum, and each assistant £13. For particulars, apply to Arthur T. St. George, Treasurer, Tyrone House, Oranmore, or to A. J. Veitch, Surgeon, at the Infirmary, if by letter, postage free.

Applications will be received to the 1st of February.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, Prince's-street, Soho.

Wednesday, January 15, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LV.]

DUBLIN, WEDNESDAY, JANUARY 22, 1840.

{ PRICE SIXPENCE,  
STAMPED.

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE III.—SCROFULOUS DISEASES OF THE HIP AND KNEE.

*Morbus Coxæ, symptoms of, may be confounded with Paralysis, Sciatica, and Diseased Trochanter—how distinguished from—1st stage of, cured by timely use of mercury—in 2d stage utility of issues doubtful—Knee joint, diseases of—in synovial membrane—in bones and cartilages—synovitis cured by mercury—Ankle and wrist joints—injurious effects of counter-stimulants, and why—enlargement of the nerves in diagnosis of scrofulous inflammation of joints from that of gout, rheumatism, and venereal diseases—also from swellings of the bursa, neuralgia, and fungus medullaris.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—In this day's lecture, I propose to occupy your time in a further consideration of the scrofulous affections of the various joints—and, in doing so, it will be necessary to contrast them with the diseases with which they are most liable to be confounded. I shall begin with the hip-joint disease. This is a malady eminently scrofulous: it is, of course, possible, that it may arise from injury, or from other morbid states of the constitution—but when you meet with it in a young person of a delicate habit, you may rest assured, notwithstanding the circumstantial detail of parents and friends, of the manner in which the accident occurred which caused the lameness, that it is a consequence of a scrofulous inflammation of the hip-joint, which if not met by prompt and appropriate measures, will proceed to ulceration of the cartilages, absorption of the head of the femur, with consequent permanent lameness, or even may cause such great disturbance of the constitution, as will ultimately end in the death of the patient.

The first symptom is lameness after exercise, which

goes off when the patient has had some rest—but recurs again and again after even moderate exertion. The parents now become alarmed, and seek for advice, and you proceed to examine the limb. You first place the child on his feet with his back towards you: observe from this cast, the position of a patient affected with the disease in its first stage, and in going round the hospital, I shall shew it to you on the patients themselves, as there are two or three instances of it now in the wards. Observe the limb of the affected side advanced before the other—the patient resting on his toes, and unable to put the heel to the ground. If we place the patient lying on his back, the affected limb will appear considerably longer than the other, but this is owing to the inclination of the pelvis to the side affected. If you have any doubt on this point, measurement from the anterior superior spinous process of the ilium to the patella, will afford you a certain test. The patient, although the disease is in the hip, will often complain of pain in the knee only, and his friends will, in consequence, assure you that the disease is situated there. This can also be brought to the test of certainty, for, by striking the heel with the palm of your hand, when the leg is extended, the patient lying on his back, pain will be felt in the hip-joint and not in the knee—also by pushing the great trochanter towards the joint, so much pain will be felt there as to cause the patient to wince. Now this would not be the case on either of those trials were the disease in the knee—consequently the pain of this joint is merely a sympathetic affection, similar to that which occurs in the right shoulder in liver disease, or at the extremity of the penis from the irritation of the bladder by a stone.

Another symptom of this disease upon which much reliance is placed, is the flatness of the nates of the side affected, owing to the wasting of the glutei muscles. This is, however, the most uncertain of all diagnostic signs, for the same will occur



in paralysis of the limb, or in severe sciatica; for as it is a law of nature that muscles will diminish in size when not used, so this wasting of the glutei is a symptom in common to all such disorders as prevent the patient from employing the limb affected. Paralysis is not infrequent in children, and usually occurs from some affection of the brain or spinal cord during attacks of fever. The muscles of the entire limb are much more wasted in this affection than in hip-joint disease, and their total want of power permits the joints to hang loose and flexible. With respect to sciatica, much caution and accurate discernment is in some cases necessary, for I have known some of the most experienced men in the profession mistake it for morbus coxæ, although, in my opinion, it is an easy matter to distinguish between the one and the other. In sciatica, there is pain first at the sciatic notch, (increased upon pressure,) where the sciatic nerve first comes out of the pelvis, it then is felt extending behind the trochanter, along the course of the nerve, and, finally, as this disease gains ground, the pain is not only felt along the trunk of the nerve, but in its utmost branches, where they terminate in the toes. There is no such pain in morbus coxæ. Along with this strong diagnostic symptom, there will be no pain felt in the hip-joint when you strike the heel, no matter how severe the degree of percussion used, while very severe pain will be experienced in hip-joint disease even from the slightest percussion. There is still another affection more likely than those I have mentioned to be confounded with morbus coxæ, and that is a diseased state of the great trochanter. This has arisen in the majority of instances, which have come under my observation from direct violence, either by a fall or a blow on the trochanter. Inflammation, extending to the periosteum, with subsequent suppurating and exfoliations have been the consequence. But I have met with two or three patients in which it could not be satisfactorily accounted for by external violence. In these instances the patients were puny, scrofulous looking persons; and I considered that the trochanter was liable to such an attack in common with the whole osseous system, as there is no part of this system exempt from struma, for I have even seen enlargement of the tibia in scrofulous children so closely resemble venereal nodes that they would have been ascribed to syphilis by their medical attendants, and subjected, beyond redemption, to a course of mercury, had not their extreme youth protected them both from the imputation and the infliction. From the experience which attendance upon hospitals during upwards of forty years has afforded me, I have observed that scrofulous affection of the joints more frequently commences, (as far as we can judge by the well-known diagnostic symptoms laid down by Sir B. Brodie,) in the synovial membrane than in the bones or cartilages. The proportion, even from my own observation, must be stated at a very uncertain and rough calculation; but I should say of the knee-joint, that for one case I have observed it to commence in the bones and cartilages, I have seen twenty to originate in the synovial membrane. We can not, from the depth of the hip-joint, have the same opportunity as we have in the knee of judging of the early change of shape as a criterion; but I do not see any circumstances in the construction of those joints or their functions, which should, when assailed by the same disease, dispose the one to inflammation of the synovial membrane, and the other to ulceration of the

cartilages. I am therefore, from this view, as well as from the influence of mercury in arresting the progress of the first or inflammatory stage of hip-joint disease, led to conclude that the latter is subject in the same proportion to *synovitis* as the knee. I by no means, from these observations, would wish it to be imagined that scrofulous affections of the joints do not sometimes commence in the bones or cartilages, and by the way, I do not know of any diagnostic symptoms by which we can ascertain whether it commences in the one or the other of these tissues—the insidious approach of the disease, and the natural form of the joint being preserved long after morbid actions have taken place, are the strong diagnostic signs of the disease having attacked either the bones or cartilages, and by which they are distinguished from that more usually met with, inflammation of the synovial membrane, in which the natural form of the joint is lost by swelling from the very commencement of the attack.

I have often, in the examination of scrofulous joints after death, found the spongy heads of the bones so softened, that I could run my finger through them with ease; but this softness, and, apparently, vascular state of these bones, were particularly observable in those patients, thoroughly scrofulous, who had the mesenteric glands, liver, lungs, and other parts diseased and tuberculated—query, when the cartilages of a joint are found diseased and separated from the bones, is not this condition a consequence of a diseased state of the latter; and may we not infer from the low organization of cartilage, that it is never primarily affected, but only secondarily, in consequence of the extension of diseased action, either from the synovial membrane on one side, or from the bones on the other? When the disease of a joint commences in the latter, it marks, in the strongest manner, a scrofulous diathesis, against which it is almost in vain to combat; for, in general, I have found other joints and organs engaged besides that which is the most pressing object of attention.

In the disease under consideration, a few opportunities of examining the hip-joint in the early or first stage of the malady would be a great desideratum. With respect to the knee, here is a drawing of the appearances presented in a person in an early and acute attack of inflammation of the synovial membrane of that joint. He died of erysipelas in another part and thus afforded the opportunity of examining the joint, and you see the high inflammation characterized by a bright red colour of the synovial membrane which remained even after death. Sir B. Brodie mentions the appearances of a knee-joint examined under similar circumstances; and he states that the synovial membrane resembled the conjunctivæ of the eye in a state of the most acute inflammation.

Now, although there is some uncertainty in which of the textures of the joint morbus coxæ may arise, it is our duty when called upon to manage a case during its first or inflammatory stage, to make use of all the means in our power to arrest the progress of the malady, and prevent it from arriving at its second stage, in which the limb becomes permanently shortened, owing to absorption of the cartilages and head of the femur, while the acetabulum becomes less excavated by depositions into this cavity.

Whether the neck and shaft of the bone passes through the capsular ligament by a process of ulceration, or whether this ligament is merely stretched so as to admit of the shortening of the limb to the extent of several inches, is, at present, a matter of discussion. I have seen it in both ways very lately. Mr. Ferrall showed to the Pathological Society a recent specimen of this disease, in which, though the limb was shortened several inches, the remains of the



neck of the femur lay within the capsular ligament resting upon the brim of the acetabulum.

I have said sufficient, although in rather an unconnected and diffuse manner, on the pathology of the hip-joint, to enable you to understand the disease with which you have to contend. The first stage is one of inflammation—therefore, you ought to put into play every measure with which you are in possession to stop its progress; for, if this is not done, the second stage will arrive, which is one of caries of the bones composing the joint, followed by permanent shortening of the limb, to the extent of several inches, if the patient should happen to escape with life. These measures are leeching or cupping, both behind the trochanter, and in the groin. Blisters afterwards to the same parts, and the rapid mercurialization of the system, while the patient is strictly confined to the recumbent position. If those measures should fail, by not being adopted in time, or from other causes, the disease must end in its usual way, either by killing the patient, or leaving him a cripple for life, with a limb curtailed of its natural length by three or four inches.

It is the general practice in this disease, as in caries of the vertebrae, to establish issues in the neighbourhood of the morbid parts. When the activity of the inflammation is subdued they may be useful as counter-irritants, for I do not think it is likely that any benefit will arise from them as constitutional drains; therefore, before shortening of the limb occurs, and after the measures recommended have been tried, issues as affording counter stimulants more permanent, and, perhaps, more severe than blisters may be resorted to with advantage. But when the limb is shortened, and our object is to permit the neck or shaft of the femur (the head being destroyed) to form a kind of socket for itself, or to become ankylosed to the ilium, I do not see the use of tormenting the patient any longer with issues.

In this stage of the disease suppuration often occurs in the joint—it is always attended with severe pain and high symptomatic fever. The matter makes its way at length through the capsular ligament, and forms abscesses and sinusses which point in various directions in the upper part of the thigh. When they occur, the patient's life must be considered in the greatest danger, as they are usually attended with hectic fever. I think it better not to open them but to leave them to nature, for the reasons urged when speaking of psoas abscess. Children under the age of puberty may recover when suppuration takes place: but my experience coincides with Sir B. Brodie's, that no adult affected with morbus coxae and abscesses connected with the joint ever yet recovered.

The treatment of the second stage consists chiefly in attention to absolute rest; for the slightest movement is often attended with the most excruciating agony. Therefore Earl's bed is found in this disease, on every account, of the greatest advantage. The pain is at times so great, that it is necessary to procure ease by means of opiates; as to any other treatment it should consist in those general attentions to the constitution laid down in my first lecture. [Mr. Carmichael concluded his observations on hip-joint disease by shewing various drawings, casts, and dried preparations of bones, as exhibiting different states of the disease, and instances of firm ankylosis between the femur and ilium.]

I shall now proceed to the consideration of scrofulous affections of the knee-joint; but much of what I have said respecting the disease of the hip-joint is so applicable to my present subject that any observations I might have to make may be greatly curtailed. The affections we have to consider may either commence in the synovial membrane, or in the bones and cartilages,

and this probably was the distinction which the older writers had in view when they designated one form of white swelling, rheumatic—that which commences in its synovial membrane; and the other they termed scrofulous, by which, no doubt, they meant that which originates in the bones or cartilages. For, in whichever of those very different textures of the joint the disease commences, if not checked, it terminates in the same state of disorganization; so that when we come to examine a knee after death or amputation, we can scarcely recognise any difference between that which commenced in the bones or cartilages, and that which originated in the synovial membrane. I have said *scarcely*, for I have always found the bones much softer, and, apparently, more vascular when I had reason to conclude that they were the parts of the joint first affected.

The knee-joint is subject to have its synovial membrane inflamed from a variety of causes, or morbid affections, besides scrofula. Inflammation of it may be induced by external injury—by undue exposure to cold and wet—by rheumatism—by gout, and by venereal diseases, particularly by that form of the latter which assumes the phagadenic characters. The inflammation which arises from these different sources is, in general, much more acute; but, at the same time, more easily subdued, under appropriate measures, than that which is caused by scrofula, for it partakes in the latter of the general indolence which marks the inflammatory attacks of that disease in every part of the frame; but still it is sufficiently active to evince its presence. The first symptoms are pain, swelling, increase of heat, and stiffness in the joint affected. Now, these are all the characteristics of inflammation, and should be met by leeching, or cupping, warm fomentations and cataplasms, which I have always found more serviceable than cold evaporating lotions; and, above all, with a rapid introduction of mercury into the system.

It is impossible to lay down positive rules with respect to the extent to which these measures should be carried; it should vary with the degree of the inflammation, and the powers of the patient. In active inflammation, arising from accident, cold, or rheumatism, where there is high symptomatic fever, it will often be necessary to take blood, even sometimes largely from the system. In scrofulous cases this is never necessary. If the inflammation is not soon subdued the synovial membrane will become thickened, and remain, more or less, permanently so for life. During this chronic state of sub-inflammation, and thickening of the membrane, with an increased secretion of synovia in the joint, the counter-stimulation of blisters, or tartar emetic ointment, or issues, will be of service. But if the inflammation is met with energy at its commencement by the means recommended, we have every reason to expect a favourable termination. When all pain is removed, and nothing remains but some fulness and stiffness of the joint, the warm salt water bathing, or douche, and soap straps, with prudence as to exercise, will complete the cure.

When the disease commences in the bones or cartilages (for I know of no diagnostic symptom to distinguish in which of these textures it has its seat,) it is more insidious in its approach. The patient complains at first of slight pains in the knee, which are removed by rest—they gradually become more frequent, and, at length, may be said to be constant, but are always more severe at night, and usually referred by the patient to the head of the tibia. These pains are aggravated by motion, but still no swelling appears for four or five weeks from the commencement of the attack, and then only a slight puffing is observable at either side of the ligament of the patella,



and no fluctuation of fluid is perceived in the joint which retains its natural shape. Now, in all these respects, the attack is so different from that which commences in the synovial membrane, that the diagnosis of either disease is easy and obvious. In both, as the disease advances, suppuration will take place in the cavity of the joint, and the cartilages will separate from the ends of the bones. The synovial membrane will become thickened, and, at length, blended with the capsular and other ligaments into one heterogeneous mass. The matter will, after some time, make its way by various sinous openings through the integuments, and as the condyles, particularly the inner, become carious and absorbed, the flexors of the leg will often draw the tibia backwards, and thus a partial dislocation of it in this direction is not unfrequent. At length, the patient worn out by constant suffering during the progress of this disorganization of the joint, dies exhausted by hectic fever with its concomitants—night perspirations, alternating with diarrhoea, if not relieved by a timely amputation.

Now, we have no such hopes of averting this sad catalogue of miseries by any remedial measures, as we have in that form of the disease which commences in the synovial membrane: that which begins in the bones and cartilages would appear to depend so much upon a concentrated state (if I may be permitted to use the expression,) of scrofulous diathesis, that scarcely any means with which we are acquainted seem even to be capable of retarding its progress. Leeches do no good—blisters, as well as the internal use of mercury, are injurious. Absolute rest, caustic issues at either side of the ligament of the patella, or the application of moxa, above and below the joint, are the measures usually resorted to—these, with those general attentions to the constitution, already detailed, and anodynes to relieve pain, are all the remedies upon which we can place any reliance. With respect to that unhappy resource—amputation—I shall say one or two words. I do not think we should be justified in proposing that measure as long as the slightest hope remains of saving the limb; and when the cartilages are absorbed, our only chance rests upon the formation of ankylosis. This occasionally occurs in children; but the limb thus saved, is so much flexed and so very useless, that the possession of it is often more an incumbrance than an advantage: but, in the course of my long practice, I do not recollect more than two or three instances of ankylosis of this joint taking place in adults. If the patient is affected with hectic fever, and is wasted by diarrhoea or nightly perspiration, we should not delay before it is too late in pressing upon him the necessity of amputation. But pain, no matter how severe, without hectic, will scarcely justify us in proposing amputation, for we ought to recollect that the knee, like other parts, is subject to neuralgic affections, which excite still greater pain than that endured by ulceration of the cartilages; and it is with the disease which commences in the cartilages or bones that neuralgia is most likely to be confounded, as the shape of the joint in it does not undergo, at least for a considerable time, any alteration. Two unfortunate instances of this mistake, committed even by men of eminence, have come to my knowledge, in which amputation was performed; but, on examining the parts, not the slightest sign of disease was visible.

In joints less extensive than the knee we may hope for ankylosis. I recollect the case of a young lady who was advised, on a consultation, to undergo amputation of the arm, on account of a scrofulous affection of the elbow, attended with extensive suppuration. Her parents declined to follow this advice, upon which I was consulted for the first time, when I recommended them to take her to the country and let

her live chiefly on ass's milk. Under this simple treatment she finally recovered, although reduced previously by pain, discharge, and hectic fever, almost to a skeleton.

With respect to the other joints, for instance, the ankle and wrist joints, the same pathological observation and general treatment are applicable, with this exception, that I have never seen blisters, tartar emetic ointment, or other strong stimulants applied to either of these points, when affected with scrofulous disease, that they did not appear to be mischievous. They always, according to my experience, increased the pain and swelling, and have made the case to retrograde instead of advancing. The complex and highly-sensitive organization of these joints is too near the surface, perhaps, to admit of these applications with advantage. A diseased ankle-joint, after amputation, exhibited by Mr. Adams, lately, at a meeting of the pathological society, seems to afford a satisfactory explanation of the reason why stimulating applications are found injurious to this joint when affected by scrofulous disease. A vertebral section was made of the foot and lower part of the leg through the joint, the tibia and bones of the foot being divided by a saw. The bones were soft and vascular—the ligaments, tendons, and muscles, were all blended into one soft pulpy disorganized mass; but that which was particularly remarkable, was the unusual size of the nerves, not only the trunks but the branches being augmented by, at least, one-third in bulk or diameter beyond their natural dimensions. This is a curious *pathological fact* hitherto unnoticed—THAT THE NERVES OF A PART SUBJECTED TO LONG-CONTINUED PAIN WILL INCREASE IN SIZE.

In scrofulous constitutions you will often meet with chronic swellings of the bursæ about the knee-joint. The irregularity of the swelling not engaging the entire knee, but the part at either side, or immediately above the joint, will enable you to distinguish these from affections of the knee itself. The general attention to the constitution so often referred to, and stimulating liniments, or iodine ointment rubbed on the part, will usually succeed in dispersing them. The bursa of the patella is, from its situation, particularly exposed to external injury from pressure or violence; hence, when swelled from inflammation or the formation of matter, it is called the house maid's knee, as it is so often caused by pressure in the act of kneeling. I call your attention to it, as it is of frequent occurrence, and might be confounded with scrofulous diseases of the joint by superficial observers. It is to be treated on the general principles applicable to common inflammation, or its consequence the formation of matter. In gouty, rheumatic, and venereal inflammation of the knee or other joints, we can only presume that the affection in question partakes of the nature of those diseases by the patient presenting other and indubitable symptoms of them at the time. It would occupy too much of our attention to enter into a full consideration of how far gouty inflammation of joints should be treated on the antiphlogistic plan. It is usually thought advisable, (and rightly so,) not to apply leeches to the joint of the great toe, the privileged seat of gout, when attacked with inflammation; but when it assails the ankle or knee-joints with acute inflammation in a person of good stamina, I never hesitate from detracting blood either by cupping or leeches, while colchicum is exhibited internally, which seems to possess some peculiar influence upon joints affected with gouty inflammation.

In affections of the joints from acute rheumatism, with high symptomatic fever, small general bleedings, or cupping or leeching largely the joints most severely affected, followed by warm fomentations and cataplasms, while calomel and antimony, conjoined with



opium in large doses every fourth or sixth hour, so as to lull pain and affect the gums mercurially, is the plan I have pursued with such success as to recommend it with confidence for your adoption.

There is a species of chronic rheumatism which seems to arise more from a disordered state of the digestive organs than from exposure to cold or moisture, and hence seems to partake as much of the nature of gout as of rheumatism. In this disease all the joints are liable to chronic inflammation and consequent stiffness or immobility. Improvement of the digestive organs, warm baths, during its more acute stages, colchicum; but, above all, a dry warm climate, (if accessible,) are, in my opinion, the appropriate and most efficient means of relief for this disease.

Osteo-sarcoma of the bones in the neighbourhood of large joints, or even malignant or cancerous diseases of the joints themselves might readily, at their commencement, be mistaken for scrofulous affections. The knee, as far as my experience goes, is more subject than any other joint to malignant disease. The symptoms which would guide my judgment in distinguishing it from scrofulous affection of the joint are these:—In malignant disease there is no pain at the commencement nor until the cancerous or medullary mass in the interior of the joint acquires so much bulk as to distend the capsular ligament, it may therefore be a long period before any pain is felt; while at the same time the joint loses its natural shape, becomes swelled and rounded, but without any signs of inflammation; but that which particularly marks malignant disease here as well as elsewhere is the enlargement of the veins, that course in a remarkable manner over the pale surface of the joint now swelled into a globular form, so as to lose the usual appearance of the articulating extremities of the bones. When the disease has advanced the pain becomes intense by the distension of the joint: on opening which, after amputation, I have seen the carcinomatous productions of a consistence between brain and gelatine, burst out of its confinement like masses of jelly or glue which had been compressed. The countenance of the patient also betrays that peculiar expression and pallid appearance of those who labour under a general cancerous diathesis, which is usually the case when any of the joints become thus affected, except it originates from accident or injury to the organization of the part. Now contrast these symptoms with those which attend the two forms of scrofulous disease of the joint and the distinctions are manifest.

In that which commences with inflammation of the synovial membrane, you have from the first swelling; but, unlike the malignant disease, it is attended with pain, and, perhaps, redness from the commencement. In that which begins in the bones or cartilages, you have pain but no swelling, and the articulating extremities of the bones are obvious until the disease is far advanced, and in neither have you the enlarged veins which attend the malignant disease.

He must be a very superficial observer, indeed, who could mistake osteo-sarcoma for either form of scrofulous white swelling. The situation, appearance, progress, and enlarged veins alone are sufficient to indicate a disease of malignant character.

[Mr. Carmichael then led the pupils through the wards of the hospital, and found there ample opportunities of illustrating the principles laid down in his general observations upon various cases of diseases of the spine and psoas abscess—hip-joint disease in both its first and second stages, and on many scrofulous affections of the knee-joint. There were also brought under the notice of the pupils two cases of necrosis, as well as several other instances of scrofulous disease.]

## MEETINGS OF SOCIETIES.

## SURGICAL SOCIETY OF IRELAND.

DEC. 21, 1839.

MR. ADAMS IN THE CHAIR.

Mr. PORTER said, the case I have to speak of is not one of much interest or importance, further than that it presents some curious points of coincidence, with one which I brought forward at the last meeting of this society. The case was one of crural hernia in a man. He was operated on by Mr. Roney, with every proper precaution, the operation was well performed, every thing went on well to all appearance, and yet the patient was dead in thirteen hours afterwards. The intestine was of a coffee-brown colour and much congested, but this is by no means uncommon, and it was quite firm, as a proof of which I may observe, that it required and bore a good deal of manipulation before it could be replaced; but the patient never expressed any sensation of pain or discomfort, and fell asleep after the operation. Previous to giving the sequel of this case, I shall, as the preparation lies before me, exhibit the strangulated portion of intestine. You will perceive that it is covered with gangrenous spots. Here is an opening of some size—here you perceive is another, and farther down there are two very remarkable ones. It is almost impossible to conceive that the work of destruction should have gone on so rapidly as to produce apertures like these in the time which intervened between the first seizure and death. The difference of colour in the parts mark distinctly the portion which had been strangulated; here is the knuckle of intestine which was down, and you perceive how completely the parts have given way. I shall now mention some of the remarkable features of the case. The man had suffered so little of the ordinary symptoms of strangulated hernia, that it was a question whether an operation was called for or not. He vomited but twice, and had no pain of the abdomen. If it was wrong to operate, I have to take a large share of the blame myself. I stated in consultation, that in old persons gangrene of the intestine was very apt to come on rapidly, and very frequently without any of those symptoms which indicate the supervention of gangrene in younger subjects, and that I had more than once operated on patients who had not urgent symptoms, and yet had found the intestine in a gangrenous condition. On this argument, the operation was performed, and, I must say, performed against the opinions of two of the gentlemen connected with the hospital. I should have mentioned that the intestine was down only from Sunday to Tuesday, and that the patient had walked to the hospital on Monday. I have brought forward the case as a sequel to that which I detailed at the last meeting. It is interesting to witness within so short a period of time two cases of crural hernia in the male resembling each other in their previous history, but differing in their termination, death being in one case the result of extensive peritoneal inflammation with effusion, in the other of extravasation of the contents of the intestine and rapid sinking of the powers of life.

Mr. ELLIS enquired if there were any symptoms of peritoneal inflammation.

Mr. PORTER said there was some peritoneal inflammation, but he did not think it necessary to allude to it, as where there is a gangrenous state of the intestine with escape of the contents into the cavity of the abdomen, there will be more or less peritoneal inflammation. But the fact was, the man sank rapidly and before the inflammation had gone so far as to be easily recognized after death. There were, however, some of the characters of inflammation, such as red-



ness, distention of the vessels, &c. He brought forward the case as it shewed in a very remarkable manner, how extensively destruction may be going on in old persons, and yet, that they may not feel such inconvenience as may lead them to complain.

Dr. BENSON observed that this was particularly remarkable in the case of aged females, in whom disorganization of the most extensive and fatal kind will sometimes go on without any obvious symptoms.

Dr. HARGRAVE—What was the state of the integuments over the hernial tumour?

Mr. PORTER—Perfectly healthy.

Dr. HARGRAVE—Was there any fluid in the sac?

Mr. PORTER—No.

Mr. ADAMS said that some time since a woman was admitted into the Richmond Hospital with a hernial tumour, similar to that described by Mr. Porter. While a consultation was being held, whether an operation should be performed or not, one of the surgeons grasped the tumour and found that it went up. The hernial tumour in fact disappeared, and the patient not only had discharges from the bowels, but was attacked with diarrhoea. She died, however, very shortly afterwards, and on dissection there were several ulcers found in the bowels. One of the largest of these corresponded to the portion of intestine which had been strangulated. Mr. Adams thought that in many of these cases death is caused rather by perforating ulcers of the intestines than by gangrene.

Dr. Houstoun observed that patients die also of other causes, independent of perforation. Some time since he had operated on a case of crural hernia in the female, in the City of Dublin Hospital. The operation was performed in a very short space of time, without any unfavourable accident, and the patient appeared to be doing very well. There was no adhesion of the protruded intestine, no hæmorrhage, and the woman had not sunk in any remarkable degree, in fact she was left in the evening under the full hope that the case would turn out favourably, on the following morning she was dead. On examining the abdomen, there was no trace of ulceration, mortification, or peritonitis. The woman had died from the shock received by the nervous system, and independently of any local lesion. Mr. Wilmot, who saw the case and operation, was exceedingly surprised at the result. The woman was between forty and fifty years of age.

Mr. ADAMS said he had witnessed a similar case, which had been under the care of Mr. Carmichael. Every thing went on well during the operation and afterwards, and there were no marks of disease found on dissection, but the woman died twelve hours afterwards.

Dr. BENSON observed that several persons had been known to die shortly after the rupture of an intestine, or the giving way of an ulcer into the peritoneum, before peritonitis had set in, apparently from the shock communicated to the nervous system. He thought that opening the hernial sac, and returning its contents (like a foreign body) into the great peritoneal sac, would act in a similar manner—and might account for the fatal results which so often followed the operation, without any trace of inflammation being discoverable on examination after death.

Mr. HALPIN of Cavan, read a paper on division of the Tendo-Achillis for club-foot, for which see MEDICAL PRESS, No. 54, p. 49.

Dr. HARGRAVE said the society was indebted to Mr. Halpin, not only for the cases brought forward and the manner in which they had been treated, but also for his critical and careful analysis of what had been done by his fellow-labourers in the same line. He

was glad to see the country gentlemen coming forward and assisting their metropolitan brethren in working out those problems, which were of such importance to scientific and practical surgery. He wished, however, to ask Mr. Halpin one question, and that was, what way did he think the division of the Tendo-Achillis would facilitate the reduction of the astragalus in cases of dislocation of the ankle-joint. Dr. Hargrave had seen three cases of this dislocation and had not found such a proceeding necessary. In one of these cases, every attempt to reduce the dislocation had failed, and it was found necessary to cut down on the astragalus and remove it. The man recovered after the operation, and by wearing a boot adapted to the part, was enabled to enjoy a full and available motion of the ankle-joint. He had witnessed another case in which the astragalus had been removed by Mr. Read with results equally favourable. In a third case, the dislocation had been reduced without having recourse to extraction. Dr. Hargrave was inclined to think, that even the division of the Tendo-Achillis, as suggested by Mr. Halpin, would not enable the operator to remove the foot so far from the leg as to ensure reduction.

Mr. HALPIN said he had not laid that down as an operation capable of removing all difficulties and of general application; all he had stated was, that it might be employed in cases where other means had been tried unsuccessfully. In the cases which he had witnessed, the principal impediment to reduction, seemed to arise from tension of the muscles of the calf; the leg and foot were drawn forcibly together by the gastrocnemius and soleus, and it was the opposition afforded by these muscles which presented the chief obstacle. He had seen a case in which the astragalus had been removed by Dr. Roe of Cavan, and in which the patient had afterwards enjoyed a free and good motion of the joint, but it was a compound dislocation. There was one thing which Mr. Halpin would recommend to the notice of the junior part of the profession present, namely, to practise the making of casts. There were many cases in which an acquaintance with this art would be found highly valuable, and in the country it often occurred that there was no other mode of preserving the memorials of interesting cases. He had practised it himself, and had found it of the greatest advantage. Some time ago a coroner's inquest was held in the County of Cavan, on the body of a labouring man, who had been found dead with a heap of stones lying on him. He was a perfect stranger in the place, no one could identify him, nor could any trace of the murderers be discovered. The verdict was consequently, that he had been murdered by some person or persons unknown. Mr. Halpin remembering that he had heard of a case in Scotland, in which the body of a lady had been identified by a dentist, who had made a cast of her tooth on a former occasion, travelled a distance of fourteen or fifteen miles, and took an accurate cast of the man's face. This he deposited with the clerk of the crown, in the hope that it might be recognized at some future day by the friends of the deceased.

Mr. ADAMS said he had some casts of the foot taken from cases of varus and pes equinus, which he wished to exhibit. The cast he held was taken from a young man aged eighteen, on whom he had operated some time since for varus, having previously consulted Sir Philip Crampton. Dr. Little of London, had seen a cast of this case, and had very kindly sent over to Mr. Adams, such instruments and apparatus as he thought would assist the patient in walking after the operation. The principal things necessary were division of the Tendo-Achillis, and Stromeyer's apparatus to bring up the foot; after some time an-



other apparatus would be required to bring the foot outwards. In the case to which he had just alluded, he had observed, that the foot had gained so much of the natural direction, that he was induced to take a cast of it, and a slight inspection of it would satisfy any one, that a great improvement had been effected. In the course of twelve months he hoped it would be as good and serviceable a foot as the other. At the present time there is a boy in the Richmond Hospital, who balanced himself on two globes rather than feet. Mr. Adams had divided the Tendo-Achillis of one leg, and the cast of the foot which he would exhibit, shewed great improvement. In the case of pes equinus, the operation was still more successful. He thought the profession was greatly indebted to Delpech, Stromeyer, and Dr. Little for the improvement made in this branch of practical surgery.

Mr. STAPLETON said that as another point connected with the treatment of club-foot, namely, the division of the tibialis posticus, he had when lately at Paris, held several conversations with Duval Beauvais and others, and had not found them disposed to adopt it. Mr. Stapleton wished to know from Mr. Halpin, why he objected to the practice of leaving the divided ends of the tendon alone for several days; why he advised bringing up the foot at once. His practice was to allow the ends of the tendon to remain undisturbed for three days at least, until the external wound had time to heal. By making any degree of extension before that period, there was danger of exciting inflammation. He had operated on twelve cases, and never had any subsequent inflammation to contend with.

Mr. HALPIN said the quotation he had given was taken from the DUBLIN MEDICAL PRESS, in which Mr. Stapleton states, that the ends of the divided tendon were allowed to remain ten days undisturbed, and that a bandage was applied to keep them in contact.

Mr. STAPLETON said that he had in another place stated that this was not requisite. The rule followed by the French operators is not to begin extension until the wound has healed.

Mr. ADAMS observed that the dead subject afforded a good opportunity of performing the operation experimentally, as the dead tendon snapped and cracked like the living. As to the direction in which it was best to make the division, he thought it a matter of minor importance. The knife might be introduced in front or behind the tendon, but in his opinion it would be better to cut from behind forwards.

Mr. HALPIN in answer to a question from Mr. Adams, said, that in his cases, the apparatus was worn night and day.

Dr. HARGRAVE said he should be inclined to prefer Mr. Halpin's plan of immediate extension to that followed by the Germans and French. He begged to inquire if Mr. Halpin had experienced much difficulty in bringing the foot to the normal position.

Mr. HALPIN said that after the division of the tendon, the foot fell into such a position as enabled him to bring it nearly into the natural one.

Mr. STAPLETON said there was also another reason for delaying the reduction. The patient almost always complains of twitching and spasms of the muscles for the first twenty-four hours after the operation, and if straps and bandages be employed to make the requisite extension, the muscular irritability will be increased.

Mr. ADAMS said that as there was some difference of opinion with respect to bringing the foot up after the operation, he would state the amount of his experience. In one case, which was that of an hysterical young lady, Sir P. Crampton pulled the foot up at once, and it retained the natural position. In a second case where the tendo achillis was divided, the

foot did not yield in the slightest degree until Stromeyer's apparatus was applied. The third case was one of a peculiar kind. It was one of those cases of pes equinus, which arise from contraction of the muscles of the calf, an accident which is sometimes the result of large abscesses in that situation. In this case, the foot resumed the natural position immediately after the division of the tendo achillis.

With respect to Stromeyer's and the French practice, Mr. Adams did not think it wrong, nor did he think that the instrument should be applied at once. No one would think of applying Stromeyer's apparatus immediately after the operation, for the bracelet of it goes round the spot the knife has traversed.

Mr. HALPIN said that in Mr. L'Estrange's newly invented instrument for club-foot, there was no necessity for a bracelet, and therefore, this objection could not apply. At the same time, he was willing to admit that it was not necessary that the foot should be reduced to the natural position the day the tendon was divided, and perhaps if he had a case to-morrow, he would let it remain undisturbed for some time.

The meeting then adjourned.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### CASES OF PUERPERAL CONVULSIONS.

TO THE EDITORS OF THE MEDICAL PRESS.

Clare Infirmary, Ennis, 26th Dec. 1839.

GENTLEMEN.—In Dr. Robert Collins's truly admirable work on Midwifery, at page 236, you will find the following observations:—"There are few cases requiring more prompt and decided practice than puerperal convulsions; and the extent of the experience of most individuals is not sufficient to enable them to draw satisfactory conclusions from what they have themselves seen, *therefore every contribution is beneficial.* Our average (in the Dublin Lying-in Hospital,) is not more than one case of convulsions in every five hundred and forty-seven deliveries." And Dr. Maunsell, in his most valuable practical treatise on Midwifery, says, at page 180:—"This is one of the most dangerous, although, fortunately, not a very common complication of parturition." These two books, in my opinion, ought to be in the library of every accoucheur. Acting upon the principle then, that on the interesting and awful subject of puerperal convulsions, "every contribution is beneficial," I venture to send you the following cases for insertion in your liberal and independent Journal, should you deem them deserving of publication.

#### CASE I.

On the 2d of June, 1838, I was called to attend Mrs. Cunningham, who lived at a place called the Three-mile-Stone, on the Kilrush road, near Ennis. She was 26 years of age—a woman of full habit—in labour of her first child—and had been 56 hours ill before I was sent for. Upon examination, I found the vertex presenting—the head arrested, and a large scalp tumour. She had had two fits of puerperal convulsions within 8 hours before my arrival; and immediately on my coming to her bed-side, she had another attack. Seeing she could bear depletion, I immediately opened a vein in her arm, from which I took 30 ounces of blood. I sedulously applied cold water to her head—it was the only refrigerant her house afforded; and gave her active purgative medicines, which I had in a small medicine chest that I am in the habit of taking with me when going into



the country, and subsequently I gave enemata. I then introduced the catheter, as I felt the bladder distended above the pubis. I now observed the convulsive fit first to lessen, and then entirely to subside. My next consideration was as to the propriety of immediate delivery; and here I would beg leave to raise my humble voice in the strongest possible manner in praise of the inestimable value of the stethoscope, in such truly embarrassing circumstances as these. Having ascertained, to the satisfaction of my own mind, that the child was dead, I had no longer to wait, or to allow the mother to run the terrible risk of any further injurious effects of pressure upon the soft parts within the pelvis. I now applied the perforator, and with great gentleness slowly proceeded with the delivery, which, with some little difficulty, was accomplished—allowing the uterus, which began to act after the head was lessened, to effect, as much as possible, by its own unaided contraction, the complete expulsion of the child. The placenta was expelled in about five minutes—the woman had no recurrence of the convulsions, and completely recovered.

Supposing that in this case, neither depletion nor delivery had been practised, what would have been the result?—or, supposing either had been done without the other, would the patient have recovered?—I fear not.

I shall now proceed to relate a case, in which both were used, and yet the patient died; but then this case was truly desperate, and, under all the circumstances, was probably beyond the reach of any known remedy.

#### CASE II.

I was called, in consultation with Dr. Cullinan, on the 23d of December, 1835, to visit Mrs. Kennedy, of the Corn-market, in Ennis. It was her first labour—she was a plethoric woman, capable of bearing depletion, and was 35 years of age. She had been in most violent, and, I might add, continued, puerperal convulsions, accompanied with stertorous breathing, as we were informed, for two hours, before I saw her. In this state I found her. On making a vaginal examination, I detected a vertex presentation, and the membranes low down in the vagina. These were immediately ruptured—she was largely bled—her head refrigerated with a stream of cold water, poured from a height upon it, while held beyond the edge of the bed, over a tub of water. In a short time, finding the os uteri sufficiently dilated, and the head low enough down in the pelvis for the safe application of instruments, we decided upon applying the vectis or the forceps—the former was applied, and we succeeded satisfactorily with the delivery. The child was still-born. As no uterine action followed, in the usual time for the separation of the placenta, and as the convulsions continued, the hand was with great caution passed up into the uterus, and the placenta very gently laid hold of, the uterus contracting upon the hand, and expelling it and the placenta together; the most gradual and gentlest traction being employed. Effectual pressure was then applied over the uterus, to secure not only its immediate but its permanent contraction. Croton oil was given, and the most active remedies of every kind employed, but all in vain—the woman died, comatose, in seven hours; and, notwithstanding all that had been done, she never recovered her senses from the first seizure of the convulsions, until their fatal termination.

In such a case all remedies should, of course, be put in force, but yet little can reasonably be expected from them, and their want of efficacy, under circumstances so deplorable, cannot fairly be urged against their use in more favourable cases. In my humble opinion, there are four essential points to which the

mind of the accoucheur ought to be chiefly directed in these cases, not, of course, in exclusion to any auxiliary means in his power:—

1st. Large venæsection when the woman's strength and constitution will bear it.

2ndly. Effectual and constant refrigeration of the head.

3dly. *Immediate delivery*, if the parts be sufficiently dilated for its safe employment, for I feel no doubt in my own mind, that it is far better a woman should die in the hands of nature, than that she should perish by the rude and officious hand of ignorance: and—

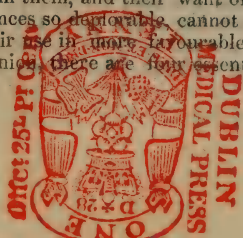
4thly. Very active purgation.

Of the treatment, with the solution of tartar emetic and opium, I have no personal experience, not yet having met a case to which I considered it applicable. I feel no inclination to enter into a theoretical disquisition upon the obscure cause of puerperal convulsions, or upon the *modus operandi* of the remedies, which, in combination, I venture to recommend, having seen them, in my own practice, successful. I think it better merely to give the cases, and state the facts, and to allow others, more competent to the task, to give the required explanation. In the four cases I send you, for the present, the above means were successful in two, and would have succeeded in a third, had the patient submitted in time to forced delivery.

#### CASE III.

I shall now very briefly mention a third case in which the remedies would, in all probability, have saved life, were it not that the patient refused to submit to the application of instruments.

On the 9th of March, 1838, I was called to see Mrs. ———, of Clonroadbeg, aged 40, in her first confinement. I found the fetal head low down in the pelvis, and evidently undergoing considerable compression. She had a fit of most violent convulsions, without any premonitory symptom, one hour before I reached her bed-side—she was now incoherent—her face flushed—her pulse full and frequent. I observed that the vagina felt remarkably hot. I immediately abstracted twenty-eight ounces of blood from her arm, which soon relieved all the symptoms, and the convulsions did not return; her head was kept cool, and drastic purgatives administered; and as labour now came on actively, I determined not to interfere for a few hours longer. On my return, in about six hours, I found labour had entirely ceased; and the head was scarcely, if at all, advancing. I applied the stethoscope, and ascertained clearly that the child was dead. I then immediately proposed to deliver her, to which the patient preposterously refused to submit. At this time she was perfectly conscious, and every argument and entreaty failed to procure her acquiescence. I was much disappointed; however, I visited her again in twelve hours, and then she gave her consent to any mode of treatment: when I first saw her I ascertained it was about fourteen hours after the discharge of the waters. I immediately lessened the head, though with little hope of success, as the woman's pulse was rising rapidly, and the usual signs of pressure upon the soft parts, internally, were clearly manifesting themselves. The placenta not coming away at the usual period, the hand was introduced to promote uterine action, and it was found adherent at the fundus, and was removed with the utmost care and caution. There was one gush of hæmorrhage just after its extraction; but the usual means for producing uterine contraction, in such cases, prevented any further loss. Next day she became comatose, and the symptoms progressed without any amendment to a fatal termination. In this





case I do conceive there was a fair chance of recovery if the woman had submitted to early delivery.

## CASE IV.

Some time ago, in consultation with Dr. Blood, of Corofin, I saw a very severe case of puerperal convulsions, at the mountain of Clifden. A strong, healthy, young woman, was seized with them subsequent to the birth of the child, and expulsion of the placenta. The treatment consisted in venæsection, refrigeration of the head with a stream of water, and purgatives. The woman completely recovered, and her child lived.

I fear I have most unreasonably trespassed upon your valuable columns; but, before I conclude, may I beg to refer you to the 13th number of the MEDICAL PRESS, page 197, in which you kindly published for me a case of severe depressed fracture of the skull, in a man of the name of Michael Hagarty. I saw this man five months after he had left the Clare Infirmary; the wound was perfectly healed, and he was in the full possession of all his senses and faculties. I think it right to communicate this fact, as it makes the case complete, and establishes, as far as one case can do so, the propriety of early operation in cases of depressed fractures of the cranium. Whether to operate early, or "to wait for symptoms," is still a disputed point in surgery; and that case was published with a view to throw light, as much as it could, upon that most interesting and fearful question.

I am, gentlemen, your most obedient servant,  
SIMON ENRIGHT, L.R.C.S.I.

## CASE IN WHICH A PIN WAS IMBEDDED IN THE GUM.

TO THE EDITORS OF THE MEDICAL PRESS.

Glasslough, December 21, 1839.

GENTLEMEN,—On January the 4th, 1836, a woman presented herself at the Chapel-lane Dispensary, Belfast, requesting to have her tooth extracted; it was situated in the left side of the jaw, and was the first of the posterior grinders or true molar teeth, the crown was very slightly diseased, but the gum on the external side was thickened, and covered a very extensive caries of the neck, the following extract from the *Belfast Chronicle* of January 6th, 1836, contained the particulars, and may be worth transferring into your Journal.

Yours, &amp;c.

RICHARD MAFFETT, M.D.

"A woman presented herself on Wednesday last, at this institution, for the purpose of having a tooth extracted. Dr. Maffett, (in the presence of Dr. Johnston,) proceeded to remove the tooth with the forceps, but on their application, without any force being used, the woman uttered a most violent shriek. This, together with the fact that a portion of the side was diseased, induced Dr. Maffett to relinquish the forceps, and substitute the key instrument, on the removal of the tooth, a *pin of considerable length* was found to have been attached to it, which appeared to have formed a bed for itself, so deep in the gum, as altogether to escape notice, even after the gum had been separated from the tooth, by the scarificator. The woman did not recollect that she had used at any time a pin as a tooth-pick; hence Dr. M. was led to infer that its lodgment had originated in the dangerous practice of retaining pins in the mouth for a considerable period, and which improper custom prevails to a great extent among the lower orders."

## OBSERVATIONS ON DR. EVANS' CASE OF DEFICIENCY OF UREA IN THE URINE.\*

TO THE EDITORS OF THE MEDICAL PRESS.

Dean-street, London, December 21, 1839.

GENTLEMEN,—Dr. Evans of Newmarket-on-Fergus, having favoured the profession with a report of a very interesting case, I beg leave through the same medium to offer a few remarks on it, with regard to the urine.

Dr. E. states, 1st., that its "sp. gr. was 1.011, inodorous, strongly alkaline, not presenting any trace of albuminous or saccharine matter." 2nd., also that it was "deficient in urea."

1st. Dr. E. has not been kind enough to mention the processes by which he obtained this inference, its spec. grav. is too high to suppose these proximate principles absent. Is he aware that albumen *cannot* be detected in urine which is *alkaline*, by any test, until the alkalinity is neutralized?

2nd. On the processes for detecting the urea, I may remark the evaporation, solution, and re-evaporation would be very likely to decompose any urea present; in fact, any temperature above 240° will be likely to decompose it.

Dr. E. mentions the urine as being alkaline, now in his process for detecting urea no steps were taken to remove the alkali: a very good reason may here be seen why M. Marchand's test failed.

Again, Dr. E. states, "another part of the residue was acted on with nitric acid, had urea been now present, on heating the mixture gently, a *pink* colour ought to have developed itself, indicating the presence of purpurate of ammonia."

This is evidently erroneous. Nitric acid should have thrown down *colourless* crystals (nitrate of urea,) if urea had been present. Nitric acid never converts urea into *purpuric* acid—even supposing it could, purpuric acid has no colour until it forms a soluble salt with a base, and if so, where did the *ammonia* come from, mentioned in the text?

I am, Gentlemen, yours, &amp;c.

THOMAS ANTISELL.

## USE OF THE RECTAL TUBE IN STRANGULATED HERNIA.

TO THE EDITORS OF THE MEDICAL PRESS.

North Cumberland-street, Dublin,  
January 7, 1840.

GENTLEMEN,—I request your early insertion of the inclosed letter, as it not only conveys a clear idea of the forcible impression made upon the writer by the practice of which he treats; but also evinces the truly kind and generous feelings of British practitioners towards their Irish brethren.

I have the honour to be, Gentlemen, your obedient servant,

J. O'BEIRNE, M.D.

Cullompton, Devonshire, January 4, 1840.

DEAR SIR,—I have recently had under my care a case of strangulated scrotal hernia, in which I adopted, with the most perfect success, the plan recommended by you of introducing a tube per anum, to the extent of sixteen inches or more, for the purpose of giving vent to the flatus contained in the intestines. I trust you will excuse the liberty I have taken in writing to you on the subject, as I am influenced solely by the desire of paying you that respect you are so justly entitled to, and I should not consider myself justified in withholding from you the success I have met with, where the treatment employed, emanated entirely

\* MEDICAL PRESS, Vol. II. p. 350.



from your suggestions. I perfectly agree with you, that "no medical man can henceforth be considered justified in proceeding to an operation for strangulated intestinal hernia, without having previously given a full and fair trial to the mode of treatment in question." I may be considered by some, perhaps, rather too sanguine in my expressions, particularly as I have had but one case, in which the treatment in question has been put in practice, but really the effect was so immediate (the intestine being almost instantaneously released from its incarceration,) that it appeared as though some magic power had worked its influence upon it. I will now proceed to give you the history of the case.

On Thursday the 12th of December, 1839, I was requested to visit John Howe, aged 46 years, a weaver, and a pauper belonging to this parish. I was soon at his bedside, and found him complaining of constipation of the bowels, which had existed for three days previously: constant vomiting: a sense of dragging at the epigastrium, and great pain on pressure of the abdomen: tongue white and coated: pulse 100, but weak. On prosecuting my enquiries, I ascertained that he had been the subject of hernia on the left side for three years, but had never worn a truss, and on the Tuesday evening previous, while at work at his loom, weaving bags, (rather a laborious occupation,) he felt the intestine protrude to a much greater extent, and with more pain than it ever had before. Hitherto, he had always reduced it himself by a little manipulation and the recumbent position. There was a portion of intestine, of the size of an orange, in the scrotum, which I could not reduce by repeated and unremitting efforts at the taxis. I bled him to sixty ounces, but with no better success. On the following evening, I went to his house with the intention of operating on him, provided the intestine remained unreduced, but suggested to my friend and colleague, Mr. Smith, the propriety of first introducing the tube as recommended by you. I must frankly and candidly admit, I did not consider it would be of any use—however, he concurred with me in opinion, and I proceeded at once to pass the tube of the stomach pump. There was a little difficulty, which was removed by injecting rapidly a little gruel. The tube was introduced twenty-six inches, and after the expiration of about ten minutes, air escaped in small quantities from its mouth—the scrotal tumour gradually diminished, and the poor fellow was soon released from suffering—the sickness ceased, pain was diminished, and the dragging sensation completely relieved. I gave him shortly afterwards, two drops of croton oil, mixed up with sugar, and divided into three powders, (one every three hours, and followed up by a little saline mixture,) whereby the bowels were most powerfully acted upon—he is now quite recovered, having resumed his usual occupation more than a week since.

You are at liberty to make what use you please of this letter.

I have the honor to be, Dear Sir, your's, most respectfully,

WM. HAINE MAUNDER.

To Dr. O'Beirne,  
Surgeon Extraordinary to the Queen, Dublin.

#### NEW INSTRUMENT FOR PASSING LIGATURES IN CLEFT PALATE.

TO THE EDITORS OF THE MEDICAL PRESS.

4, Parliament-street, January 6, 1840.

GENTLEMEN,—We avail ourselves of your kind offer to give insertion in your valuable publication to a description of our newly-invented instrument for sewing the cleft palate. Without the assistance of an

engraving, we fear it will be difficult to convey to the surgical profession as accurate an idea of the invention as would be desirable; however, in the absence of such an auxiliary, we will attempt it, and also describe the mode of using in as few words as possible.

It consists of two parts, viz., a straight piece of steel of sufficient length to reach the back of the mouth, having a gap or depression near the end, a movable canula, and a spring—the other part is a needle, and is used thus:—Having adjusted the ligature, the instrument is to be put into the mouth to receive the edge of the palate, in the gap or depression designed for it; the canula is to be sent forward, and with moderate pressure is to hold the palate between it and a projecting portion at the end of the instrument; the needle is now to be put into the canula, and being pushed to the full extent, pierces the palate, when immediately the spring delivers the ligature to the needle, which is to be withdrawn, carrying the ligature with it. This is to be repeated for every stitch required, till the operation is complete. We have the gratification to add, that our invention has received the decided approval of the eminent medical practitioners who have seen it; they conceiving it in every respect suitable, ingenious, and original in its construction. Hoping we have not trespassed too much upon your kindness,

We are, Gentlemen,

Your much obliged and obt. servants,

THOMAS READ, & Co.

Surgeons' Artists, and Instrument Makers.

#### ON THE BLOOD CORPUSCLES OF SOME OF THE QUADRUMANA.

By GEORGE GULLIVER, F.R.S., Assistant-Surgeon to the Royal Regiment of Horse Guards.

1. Orang-Outang, (*Pithecius Satyrus*.) All the following diameters very common:—1-3309th, 1-3432d, 1-3200th, 1-3368th, and 1-3552d of an inch. Extreme sizes 1-4000th and 1-3000th.

Blood from a vein of the fore-arm—the animal a young female.

2. Hoolock Gibbon, (*Hylobates Hoolock*.) The most frequent diameters of the disks 1-3200th of an inch, but very variable in size from 1-4570th to 1-2782d.

Blood from the left ventricle of the heart, two days after death. The animal a nearly full-grown female.

3. Indian Ape, (*Papio Melanotus*.) The most frequent diameters of the corpuscles 1-3432d and 1-3200th of an inch. Extreme sizes 1-4570th and 1-2666th of an inch.

Blood from the axillary vein—age of the animal unknown.

4. Wanderer Monkey, (*Macacus Silenus*.) Average sized disks 1-3440th of an inch in diameter. Extreme sizes 1-4570th and 1-2666th.

Blood from the left ventricle—age of the animal unknown.

5. Jacchus Monkey, (*Jacchus Vulgaris*.) Most frequent diameter of the corpuscles 1-3552d of an inch. Extreme sizes 1-4570th and 1-3000th.

The blood was obtained from a vein in the tail of a full-grown male.

6. White fronted Lemur, (*Lemur albifrons*.) common sized disks, 1-3600th of an inch; but very variable in diameter from 1-4800th to 1-3000th.

Blood from the heart, as well as from the portal vein, of a full grown male.

7. Slow Lemur, (*Loris tardigradus*.) The most common diameter of the corpuscles, 1-3552d of an inch. Extreme sizes, 1-4000th and 1-3000th.

The result of the examination of the blood of the



two latter animals, has been given in a paper published in the *Philosophical Magazine* for January 1840, on the blood corpuscles of the mammalia generally. I have since examined the blood of the other quadrumana; some of these are of great rarity, so that it is probable that no physiologist has hitherto seen their blood corpuscles.

The fact of the very near resemblance of the blood disks in different genera of these animals is now established, as well as the affinity in regard to size and form between the blood particles of man and those of the quadrumana. This is as might be expected; but in inquiries concerning the blood, so paradoxical in many respects, nothing is to be taken for granted. It could not have been previously supposed, for instance, that a singular difference exists in the blood corpuscles of one genus of ruminant animals; yet the particles in some species of *cervus*, are not only totally unlike any in many other species of this family, but resemble none hitherto described in the animal kingdom.

In the blood of the orang-outang were several large white globules, about 1-2000th of an inch in diameter, that is, much larger than the blood corpuscles. These globules were remarkably smooth on their surface, and very white in appearance. They are extremely numerous in the blood of the quadrumana, much more so than I have ever observed in any other class of animals. In the mesenteric veins, the white globules are not uncommonly semi-fluid, if we can judge from the appearance they present when their margins are acted on by external currents. As to the blood disk in the quadrumana, though so nearly allied to that of man, it appears to me that the vesicles in the former are more delicate, and consequently, more prone to alterations in shape than in the human subject. This is, indeed, more or less the case among the mammalia generally, in the blood disks of comparatively large size, so that in dried specimens, several of them are generally very irregular in form, and sometimes of a regular oval figure. In the blood of the quadrumana this is very remarkable; and I have also seen it in the corpuscles of the elephant, of the seal, and of the Bandicoot rat, as well as in several other animals.

#### QUALIFICATIONS OF MEDICAL ATTENDANTS OF WORK-HOUSES.

We willingly publish the following letter, and we hope that Dr. Cooke's temperate and candid appeal will serve as an example to others in like cases. It is, we hope, scarcely necessary to say that we deprecate all attempts to elevate any one class of the profession at the expense of another, and that we recognize no man's superiority, unless he can prove it before a competent and impartial tribunal. In this day's Press it will be seen under the proper head, that the commissioners have set the matter at rest:—

TO THE EDITOR OF THE MEDICAL PRESS.

Frankford, January 17, 1840.

SIR,—Will you permit me to call your attention, and that of all sincere "medical reformers," to the "exclusive principle" adopted in the selection of medical officers for the "South Dublin Union," as noticed in the last Press—a principle, which, if carried into effect through the country, would not only be the cause of creating the worst feelings among the members of the profession, but heaping injury on insult, would cast both upon a body of practitioners, numerous and respectable, and of acknowledged private and professional worth.

Against the establishment of such a precedent, conceived, as it is, in the worst spirit of medical bigo-

try, and pampering the prejudices of a party, the voice of all men zealous for the general good, should be strongly and indignantly raised—of all who are anxious for the harmony that should subsist among the members of the profession—and lastly, of all who would love to see triumphant, the cause of medical reform and medical union.

Possibly, there would some be found among the "junior members" of the Irish colleges who would, perhaps, pique themselves on the parchment superiority, such a regulation, if generally acted on, would give them in their aspirations for appointments under the poor law bill.

To such, I would like to address myself in the spirit of fair play, and ask them would such a distinction, without other merit on their part, but the title so given, be even "justice" towards their junior brethren who belong to other colleges? Certainly not—then how more than unjust—how actually dishonorable would it not be, to parade such an advantage over their older and more experienced brethren, who have already passed the ordeal of public opinion, and after years of mental anxiety and fatigue, devoted to the duties of their calling, earned for themselves, in private as well as professional life, a reputation unsullied by a stain.

This then, is a subject, which, from its relations, should interest all members of the profession, without regard to college, corporation, or party, and more particularly, should awaken the serious attention of that section, which would most be affected by the injurious tendency of such an exclusive arrangement in the disposal of poor-law medical appointments.

It is not for me to dictate, nor would I have the presumption to do so, what particular course should be pursued by those most interested in this matter, I leave that to older, to abler heads. But above all things, I would beg and implore the "British graduates," as they value their individual respectability, as they value their future existence as a part of the medical body of Ireland, to shake off this apathy, and make common cause against the further spread of this spirit of monopoly and exclusiveness, both so utterly at variance with the character of the present day.

In this cause we would not, and we ought not, stand alone, we should naturally expect the steady co-operation and support of all honest medical reformers, and lastly, I am sure we would not want the countenance and cordial advocacy of the Press—a journal which boasts and has proved itself "to be the organ of no college, sect, or party."

I have now done, Sir, and have to thank you for the space you have afforded me—and can assure your readers, the most disagreeable feeling I experienced in writing this letter, was a fear that any should attribute my motives to a love of notoriety.

I am, Sir, &c. &c.

RICHARD W. COOKE, M.D., Surgeon,  
Superintendent of Frankford Dispensary.

#### TO CORRESPONDENTS.

Communications received from Dr. Armstrong, (Berehaven,) Mr. Eden Cass, (Goole,) whose wishes shall be attended to—Drs. Hudson, (Navan,) Wade, (Swanlinbar,) Pierce, (Newcastle,) Noble Parker, (Cork,) Delany, (Rathdowney,) Carragher, (Louth,) Enright, (Ennis,) Galloghly, (Clogheen,) Lougheed, (Ballymote,) Donovan, (Skibbereen,) and several others to whom private answers have been sent.

If "Constant Reader" will look through the back numbers of the Press, he will find that the system which he proposes has been constantly advocated by us. We cannot publish letters of the nature of that with which he has favoured us without authentic signatures.



## TO OUR SUBSCRIBERS.

We beg leave respectfully to inform our friends that their Subscriptions for 1840, are now due. As the increasing business of the Press has obliged us to take measures for extending our office establishment greatly beyond what we contemplated this time last year, we feel much satisfaction in being able to inform our professional brethren and friends, that our people of business will now be able to attend to any of those numerous little commissions, professional or otherwise, which provincial medical men are constantly requiring to have executed in the metropolis, and that we shall be at all times happy to see or hear from them at our office.

As postage has now ceased to be an object, we shall feel obliged by our Subscribers giving us IMMEDIATE information of any irregularity which may occur in the transmission of the Press, in order that such may be rectified before the Numbers become scarce.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 22, 1840.

PROSPECTS OF THE MEDICAL CHARITIES—  
TREATMENT OF THE MEDICAL OFFICERS  
OF THE NORTH CORK INFIRMARY.

SOME time since, we informed our readers that the trustees of the above-named infirmary had called upon the medical officers to resign their salaries, and serve gratuitously. We subsequently learned that in consequence of the very uncharitable and unphilanthropic dislike evinced by these officers to allowing their pockets to be picked by the humane trustees, even though the spoil was to be distributed in charity, the following resolution was passed:—

"That the salaries of the surgeon and physicians be paid up to the next quarter; and that a communication be made to these gentlemen, that, in consequence of the state of the funds, it is the intention of the trustees not to pay those salaries for the future."

As neither the fact itself, nor our previous observations upon it, attracted any public notice from the gentlemen concerned, we forbore further allusions to the matter, not being certain that our interference would be acceptable to the sufferers. Two articles, however, which have since appeared in the pages of our contemporaries, the *Southern Reporter*, and the *Cork Constitution*, have given the affair a public character which renders it impossible for us, as the guardian and organ of the medical profession, to maintain silence any longer. The first of these productions to which we allude (that in the *Southern Reporter*,) is so instructive, that we much regret our space does not permit us to borrow it entire: we must, however, give a sketch, though, necessarily, a feeble one, of its features.

After an eloquent statement of the embarrassments of the infirmary, and the necessity for some decisive step "to shew that it was entitled to public favour," our contemporary goes on to explain that this step was obviously the withdrawal of the salaries of the medical officers;—an opinion which he afterwards

shews to be perfectly correct by the following fact, which we give in his own words:—

"This resolution (viz., that the medical men should not be paid,) gave so much satisfaction to the public, that the donations for the relief of the institution, which then amounted to about £90, have since swelled to over £200."

The trustees shared in the general feeling, and accordingly "requested the physicians and surgeon to forego their salaries during the present embarrassed state of the funds." The reply to this request was one, which, if made by the butcher, or baker, or even by the attorney or architect of the charity, would have been thought handsome and liberal; but which, coming from 'medical gentlemen,' was, no doubt, cruel and heartless in the extreme. It was—

"That they would not forego their right to their salaries, but were willing to wait for payment until the funds of the institution would permit it."

"This answer," says our contemporary, "opened the questions—1stly. What right, outside the resolution of the board, had the physicians and surgeon to receive a salary? And, 2dly. Was it to the advantage of the hospital that the medical men should be paid?" The first of these he answers by shewing, that so far back as the year 1775, salaries were given to these officers on principles of economy, *because it was found that gratuitous services were the dearest and worst*. Having made this point clear, our contemporary proceeds to shew, by a most felicitous process of argument, that because one man hires another to perform certain services for a certain stipend agreed upon, that, therefore, he may, at any time he pleases, withdraw the stipend, but still continue to exact the services as before—argal: that the medical men had *no right to payment*. All this will, no doubt, be very clear and satisfactory to our readers; and we pray their best attention to the solution afforded to the second query—it is as follows:—

"In considering the question, in reference to the good of the institution, it became evident that the reasons which induced the resolution for payment no longer existed. *It was no longer a favour conferred on the hospital to attend*. The advancement of medical science—the necessity of hospital practice—and the emoluments of clinical lectures altered the state of things altogether; and the favour conferred changed sides, and is now bestowed by the trustees; and, *with so much avidity is this favour sought after*, that we have heard it stated that a medical gentleman of considerable practice offered the charity a fee of £50 if he were appointed a surgeon to the North Infirmary. This got rid of the question of the necessity of payment."

Truly, and so it does. If we ourselves "seek with avidity the favour" of being allowed to labour without other reward than abuse and ill-treatment, what right have we to complain? Can we reasonably find fault with the editor of the *Southern Reporter* for such passionate and forcible appeals to the patriotism of the trustees of public institutions, as that with which he concludes:—

"Let them (the trustees) reflect that the approaching rate-paying sessions will scrutinize well their claims for a presentment, and that, in all likelihood,



the salaries of the medical staff will no longer be allowed—let them reflect that the subscribers will never sanction the *anomaly of one-half their annual contributions being uselessly employed*; and, above all, let them bear in mind that the public eye is fixed on them, and that according to the nature of their acts on Thursday next, will they stand or fall in the estimation of their fellow-citizens."

This appears to have had its effect, for we find in the *Cork Constitution* of the 11th inst., a report of a meeting of the trustees of the charity at which the Archdeacon of Cork endeavoured to procure a modification of the resolution which we have quoted, to the extent of making the withholding of the salaries not positive, but contingent, upon the scarcity of funds. This, however, would not do: Mr. Fagan made a lengthened speech, in which he satisfactorily shewed that £60 a year (the whole amount in question) could possibly be no object to three medical gentlemen—that the moment he (Mr. F.) heard the proposal, "it instantly struck him that the payment of the physicians, at the present time, was not called for"—that "it was now ridiculous to say that the public would permit *such an anomaly as the paying of physicians*," with much more to the same purpose.

Another eloquent gentleman, Mr. Daly, followed on the same side, and honoured us by referring to an article in the *MEDICAL PRESS*, in which, with our characteristic audacity, we had dared to comment upon the wisdom, liberality and justice of the trustees of the North Cork Infirmary:—"Whereas before there were no other books but the score and the tally, we had caused printing to be used," and thus perilled "the crown and dignity" of all charitable trustees. This was not to be borne—the victory over the doctors was not complete, unless they disavowed, at the bidding of Mr. Daly, all connection of authorship with the formidable *Press*. The disavowal does not appear to have been made, but we can assure Mr. Daly, that whatever other sins these medical gentlemen may have to answer for—even to the heinous one of desiring to be paid for their hard labour—they are altogether free from the *lezé majesté* against his trusteeship, which would be implied by a connection with the *Press*. We do not even know the names of the gentlemen in question, and, thank God! we can afford to fight the battle of our brethren, without asking the leave of the trustees of any infirmary whatsoever.

There does not appear to have been any great difference of opinion at the meeting, and the several orators having disembugged their speeches, it was unanimously resolved as a *measure of justice*, that each of the medical men should be robbed of his small pittance of £20 a year.

In the course of the debate, one gentleman expressed his sorrow, that "the course adopted should prevent doctors from having any claim under future arrangements—he *alluded to the poor-law*." "Don't nail his ear to the pump," is said to have been the advice of a late eccentric vice-provost of Trinity College, to a mob of students who were ducking a luckless bailiff, who had ventured within the academic precincts. We shall not make any application of the anecdote; but shall merely mention in a sort of connection with it, that this very day, we had a conversation with a poor-law guardian—not a Signor Manuel Ordonnez, but a liberal and high-minded gentleman; who mentioned to us the fact of his having been can-

vassed by two candidates for medical offices in the work-house, who declared that they desired no salary but merely the "favour of being employed." The honest, and manly, and we will say, enlightened and public-spirited answer was, in each case.—"If so sir, I consider your services to be of no more value than you yourself set upon them, and be assured, nothing shall induce me to vote for you."

We shall add no more, except to ask our brethren and readers to think of these things, and to reflect upon what will be their end; giving them one instance in point, which also came within our notice this day. Two medical gentlemen were kept in attendance on the commission court upon a crown summons, during seven days, one of them being brought six miles from his residence—they were ordered seven guineas by the judge, which was reduced by the clerk of the crown, on his own feeling of the exorbitance of the judge's award, to five pounds.

We again say, let the profession think on these things.

#### DE BACULO MEDICO.

WE perceive by a newspaper advertisement, that this assemblage of worthy gentlemen, who have so kindly volunteered their services to promote the "*honour and respectability*" of the profession, and who have displayed so much ingenuity and manly feeling in the contrivance of a plan for dealing with opponents, without risk of consequences, solemnly asseverate that they are not associated as an "*anti-reform club*." Oh no—far from it—warm hearted, disinterested souls, their objects are "*purely social*," merely to provide a "*neutral ground*," where "*all*" may assemble to cultivate "kindly feelings," and that "*union so essential to the well-being of the profession*"—nothing more: in fact, it's all a consequence of the overflowing of the milk of human kindness, and the result of a burning zeal and ardent desire to promote the welfare of their dearly beloved brethren. They interfere in medical politics indeed!!! they meddle in any arrangements elsewhere in progress!!! The thing's incredible. Their lives—their acts—their words, give the lie to any such monstrous imputation. No wonder then that they "take the occasion" of a newspaper advertisement to "deny the same."

We perceive, not without a feeling of satisfaction, that Sir Henry Marsh has resigned the hammer into the hands of Mr. Abraham Colles, in whose grasp we are persuaded it will prove a true *malleus hæreticorum*. This being the case, we most strongly recommend that his portrait shall be suspended without delay over the presidential throne, and his bust installed at the bottom of the great hall of meeting; also, *thesaurario non contradicente*, that a piece of plate be voted to adorn his sideboard. This we say should be done without delay, because the time may arrive, when the members may not be so unanimous on the subject. *Apropos de l'argent*, it rejoices us that our apprehensions respecting a deficiency in the needful are allayed. Those blessed with the good things of this world, taking a leaf from the book of our quaint old friend Izaak Walton, wherein he insinuates that a sprat is excellent bait for a salmon, have determined to aid the otherwise scanty contributions of their less affluent brethren by a timely donation; and although some fastidious people may entertain doubts as to the propriety of one being indebted to the bounty of another for "social" comforts, we cannot agree with them: pudding is pudding wherever it comes from, and not a whit the less sweet, because cheapened by generosity.

The advertisement to which we have been alluding, terminates with a dexterous "*tour de maître*," having for its object, to create a belief that Mr. Carmichael



is one of the party. The attempt was worthy of the school of tacticians from which it emanates, and does credit to their ingenuity. Nevertheless, we cannot help inserting the following contradiction and explanation relative to the matter :—

TO THE EDITORS OF THE MEDICAL PRESS.

Rutland Square, January 20, 1840.

GENTLEMEN,—In the *General Advertiser* of Saturday last, is an advertisement headed "United Medical Club," in which my name is introduced as having amended the first resolution which passed, as follows :—

"That the objects of this club are to promote good feeling, and the honour and respectability of the medical and surgical professions."

It is perfectly true that I did attend the first meeting of the club, and proposed the words stated, in place of those in the original resolution, which, as well as I recollect, were—"that the objects of the club were to promote good feeling, and to prevent dishonourable or ungentlemanlike conduct amongst the members of the profession," or words to that effect; to which I objected, as they seemed to imply that dishonourable or ungentlemanlike conduct were so frequent as to require the formation of an association, to put a stop, if possible, to the mal-practices of the profession—an implication which, I thought, would tend to lower it in the estimation of the public.

It appeared soon afterwards that many highly respectable members of the profession had not been invited to attend this meeting; and presuming that such an omission might have arisen from chance, Dr. Johnson moved that the admission of original members, without ballot, should lie open for another fortnight, *which motion was negatived by a large majority.*

Now it also appeared manifest during the evening, that the gentlemen most active in forwarding the proceedings, happened to be the very men most active against medical reform, and that this was coupled with the fact, that those who were uninvited, happened to be amongst the most active of medical reformers, who, if not admitted as original members, would have very little chance afterwards, under those circumstances, as one black bean in seven would exclude. It may possibly be objected, that the very invitation given to myself and one or two others, affords a sufficient proof, that the club was not intended to oppose reform; but it is obvious, that so thin a sprinkling of reformers would carry but little weight in its proceedings.

The intellect, therefore, of any individual must be rather obtuse, who, under these circumstances, would not clearly see, that the gentlemen who got up this club were, to say the least, not very friendly to medical reform, if not decidedly opposed to it, and suspicious people might even possibly imagine that this association was projected as a covert instrument of opposition. But whether this be the case or not, is but of little moment, for King Canute might, with as much effect, order the waves of the ocean not to approach his royal feet, as for this club, or five hundred like it, to attempt now to stem the progress of medical reform.

I need scarcely add, that though more than once invited by printed official invitations, I did not attend a second meeting, although the introduction of my name, as coupled with an amended resolution, might mislead strangers to believe that I was a member of the club.

I am, Gentlemen, &c. &c.

RICHARD CARMICHAEL

#### ANTI-REFORM MEDICAL CLUB.

We understand that Sir Henry Marsh has subscribed £50, Messrs. Colles and Read £20, and Mr. Kirby £10 to a club which has lately been established in Dublin, for the purpose of opposing medical reform, which is so much desired by the mass of the medical profession in the three kingdoms. The club is to hold its meetings at a tavern.—*Limerick Chronicle.*

#### POOR-LAW INTELLIGENCE.

**SOUTH DUBLIN UNION.**—The resolution of the guardians, noticed in our last number, restricting the choice of medical officers to persons holding qualifications from Irish institutions, has been disallowed by the commissioners. The salary of the apothecary has also been reduced from £80 to £60, by the same authority. The election will take place on the 30th instant.

**CORK UNION.**—The commissioners have assented to the appointment of a resident apothecary for the work-house, and it was resolved that £100 a year should be allotted for the payment of that officer and the physician; the proportion in which it should be divided between them, to be subsequently determined. Mr. Voules, the assistant commissioner, proposed, that £80 should be given to the physician, and £20 to the apothecary. Mr. V. also stated, "the work-house was not to be made a medical theatre for the delivery of clinical lectures; the sole duty of the physician would be, to attend to the health of the inmates; apprentices or students could not be allowed to crowd the hospital."

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, JANUARY 16, 1840.—Council met.

The Council was occupied in considering the best measures to be adopted for bringing the question of Medical Reform before Parliament.

SATURDAY, JANUARY 18, 1840.—Council met.

The following petition was agreed upon and ordered to be engrossed, and transmitted to F. French, Esq., M.P., for presentation to the House of Commons:

TO THE KNIGHTS, CITIZENS, AND BURGESSES, IN PARLIAMENT ASSEMBLED:

*The Petition of the Council of the Medical Association of Ireland,*

HUMBLY SHEWETH,—That the necessity for a reform in the medical institutions of the country being now universally admitted, and the grievances of the medical profession, and consequent detriment to the public interest having now reached such an extent as to elicit from every portion of the empire a cry for their removal, your petitioners earnestly entreat that your honourable house will no longer defer entering upon the consideration of this subject, but proceed at an early period of the present session to take such steps as to your wisdom may seem best fitted for the ensuring an effectual measure of medical reform.

And your petitioners will ever pray.

R. CARMICHAEL, President.  
H. MAUNSELL, Secretary.

\*\* The Council earnestly urge upon all medical reformers the necessity of losing no time in preparing petitions, and forwarding them for presentation to the House of Commons.

The mode of proceeding will be to have a copy of the foregoing petition, written, in a legible hand, upon



a large sheet of paper, and headed as "The Petition of \_\_\_\_\_ Medical Association." The signatures of the president and secretary are then to be affixed to the sheet, which is to be folded in a cover, open at the ends, and addressed to any member of the House of Commons. If the word "Petition" be written on the cover, open at both ends, and the packet do not exceed six ounces in weight, it will pass postage free. A letter should also be forwarded to the member calling his attention to the matter, the postage of which should be prepaid.

Where no association exists, or where it would be inconvenient to call the members together, any two, or three, or more medical men may forward a petition in their own behalf, describing it in the heading, as "The petition of the undersigned medical practitioners residing in \_\_\_\_\_."

#### KILKENNY MEDICAL ASSOCIATION.

The Kilkenny Medical Association, having unanimously adopted the resolutions which will be found in our advertising columns, dined together in the evening at the Rose Hotel. Dr. James Cullenan presided at the dinner. The following toasts were given from the chair:—

"The Queen."

"Richard Carmichael and Medical Reform."

"Dr. Maunsell and the MEDICAL PRESS."

"The Medical Reformers and Provincial Association of England."

"Mr. Warburton, and the Advocates of Medical Reform in both Houses of Parliament."

"The liberal and enlightened members of the Dublin College of Surgeons, who, above the selfishness of monopoly and corporate exclusion, have, for the good of the profession and of the public, advocated medical reform."

"Our fellow-labourers, the members of the medical association of Ireland—may they stand together until success crowns their efforts."

"The union, fellowship, and good feeling that should ever exist amongst the members of a valuable and enlightened profession."

#### BRITISH MEDICAL ASSOCIATION.

Dr. Webster, Mr. Davidson, and Mr. W. Farr, waited upon the Marquis of Normanby, on Tuesday, January 14, to receive his lordship's reply to the inquiries submitted to him by the deputation from the British Medical Association, the nature of whose proceedings, at a recent interview, with reference to medical reform, we noticed the week before last.

Mr. Warburton has engaged to proceed with the publication of the medical evidence, and to move for the re-appointment of the Select Committee of the House of Commons on the state of medical affairs. This, with the approbation and support of her Majesty's government, will do.—*Lancet*, January 18.

#### SYPHILIS IN ANIMALS.

Dr. Pauli, of Landau, has recorded two cases which appear to prove that syphilis exists in animals. A veterinary surgeon brought him the penis of a bull on which was a condyloma of the size of a walnut, similar, in all respects, to that of the human subject. All the cows which this animal had covered were attacked with a mucous running, which generally stopped after a few weeks, but which, sometimes, required the employment of astringent injections. Another bull infected, in a similar manner, the cows which it covered; and it was afterwards discovered that it had a similar condyloma of the size of a chestnut on the anterior part of the penis. The cows in this case recovered spontaneously.—*Edinburgh Medical and Surgical Journal*, quoted from *Schmidt's Jahrbücher*, for March, 1839.

#### SIR BENJAMIN BRODIE.

This distinguished practitioner and teacher has resigned his office of surgeon to St. George's Hospital. In making this announcement, it gives us much pleasure to be able to add, that the profession is not to be deprived of the advantage of his lectures, which are to be continued at the hospital as heretofore. The retirement of Sir Benjamin from public office, while in the prime of life, though full of honors, is creditable both to his head and heart, and sets an example which we should gladly see more generally followed. The custom of continuing to hold offices in public institutions, long after either the mind or the body of the holder is capable of discharging their duties is not confined to London, and, perhaps, no long period will elapse before its justification upon the ancient principles of keeping out a junior, and holding on for a nephew or son, will cease to go down with the profession or the public even in Dublin.

We shall not now adduce instances, but it may become necessary for us to do so.

#### FORMATION OF A COLLEGE OF PHYSICIANS AND SURGEONS IN UPPER CANADA.

A bill has passed the Provincial Parliament of Upper Canada, incorporating a "College of Physicians and Surgeons" in the Province. Among the provisions, is one imposing a fine of £5 upon any person practising physic, surgery, or midwifery, without the license of the College; the penalty to be recovered summarily by conviction before a justice of the peace, upon the oath of one credible witness. Military and naval medical men in actual service, and midwives are excepted. A supervision and control over apothecaries is also granted to the College, and a power of imposing a fine of £2, to be summarily recovered, for breach of such regulations as they may ordain for the government of all persons vending medicines.

#### CAUTION TO UNQUALIFIED INDIVIDUALS ACTING AS APOTHECARIES.

The Governor and Company of the Apothecaries' Hall, having taken proceedings against John M'Birney, Esq., member of the Royal College of Surgeons in Edinburgh, residing at Castleblayney, for illegally practising as an apothecary, have succeeded in recovering the usual penalty with costs.—*Evening Post*.

#### ROYAL COLLEGE OF SURGEONS LONDON.

Considerable sensation has been excited amongst the medical profession in consequence of some new changes about to be made in the examination of candidates for the diploma of the College of Surgeons. At a recent meeting of the council, it was resolved that the practical test of dissection should in future be enforced, by which a better guarantee would be afforded to the public of the proficiency of every practitioner. The student will be required, not only to state before the Board of Examiners, so far as his memory will permit, the course and distribution of the muscles, nerves, and arteries, but a scalpel will be put into his hand in order to demonstrate the part in question upon a subject provided for the purpose.—*Hampshire Telegraph*.

#### MR. WAKLEY AND MR. MAYO.

The last named gentleman has sent a cartel of defiance to Mr. Wakley, on account of a note which appeared in the *Lancet*, referring to certain experiments of Mr. Mayo, to the following effect:—"As for the experiments on inoculation (with syphilitic matter,) they probably exist only on paper."

Mr. Wakley stated in the *Lancet* that the note was not written by him; but "as a conservator of the peace, and judge of a criminal court," very properly refused to receive a message from Mr. Mayo.



## PROMOTIONS.

**Civil.**—J. Young, Esq., M.D., has been appointed to the Dunmanway dispensary, vacant by the resignation of Dr. Leader.

## OBITUARY.

On the 4th inst., at his son's residence, Allihies Mines, Berehaven, Dr. Patrick Sharkey, for many years Senior Physician to the Cork General Dispensary. In his collegiate career distinguished among the first, if not the first Greek scholar of his day, he obtained the prize for a Greek Poem, on a subject proposed to the Irish as well as the British Universities, by the Rev. Claudius Buchanan, on the occasion of founding a College in India. He was also the author of other classical compositions, among which was a Latin poem on the death of Dr. Young, for which he was awarded a silver medal by the late Historical Society, and was the successful competitor for more than one of the Royal Irish Academy's prizes. He published a *brochure* on the epidemic typhus of 1818, as it appeared in Cork, and some other articles in medical periodicals. His contemporaries in Dublin, in which city his first professional years were spent, will not fail to remember in him a polished gentleman, an accomplished scholar, and an amiable man.

On the 9th inst., at his residence, Charlemont-mall, Richard Gamble, M.D.

## REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE  
OF SURGEONS, DUBLIN.

		Max. T.	Min. T.	Barom.	Rain.
Sunday	Jan 12,	50.5	45	29.976	.095
Monday	13th,	53	45	29.650	
Tuesday	14th,	53.5	43	29.680	.160
Wednesday	15th,	52	42.5	29.750	
Thursday	16th,	54	39	29.720	
Friday	17th,	45.5	38	29.700	.015
Saturday	18th,	50	33.5	29.500	.045

## FORKHILL DISPENSARY.

There will be an ELECTION of a MEDICAL SUPERINTENDENT to the FORKHILL DISPENSARY, on SATURDAY, the 1st day of February next, in the room of Dr. George Cunningham, appointed to the United Dispensaries of Clonard and Kinnegad.

Applications, Testimonials, &c., will be received by the Secretary, Dispensary, Forkhill.  
December 12, 1839.

Just published, 1 vol. 8vo., price 12s., illustrated with Two Hundred and Thirty Woodcuts,

**ELEMENTS OF NATURAL PHILOSOPHY;** being an Experimental Introduction to the Study of the Physical Sciences. By GOLDING BIRD, M.D., F.L.S., F.G.S., Lecturer on Natural Philosophy at Guy's Hospital.

"This work teaches us the elements of the entire circle of Natural Philosophy in the clearest and most perspicuous manner. Light, Magnetism, Dynamics, Meteorology, Electricity, &c., are set before us in such simple forms, and so forcible a way, that we cannot help understanding their laws, their operation, and the remarkable phenomena by which they are accompanied or signified. As a volume of useful and beautiful instruction for the young, and as a work of general value to both sexes, we cordially recommend it."—*Literary Gazette*, Dec. 7, 1839.

"This work marks an advance which has long been wanting in our system of instruction. Dr. Bird has succeeded in producing an elementary work of great merit, which may be profitably used, not only by the medical, but by the general student."—*Athenæum*, Dec. 23.

London: John Churchill, Princes-street, Soho.

## MANUALS OF NATURAL HISTORY.

Just published, in foolscap 8vo., closely printed, illustrated with numerous Woodcuts, and a coloured map, price 4s. 6d.

## A MANUAL OF GEOLOGY,

By WILLIAM MACGILLIVRAY, A.M., F.R.S.E., &c. &c.

The above is the first of a series of Manuals of Natural History, adapted for elementary instruction, which it is intended to publish at intervals of about three months. They will be written in easily intelligible language, and by a careful condensation of materials, the author trusts that each Manual will be found to convey as much knowledge of the several subjects, as will suffice for general education.

The Manual of Physiological and Systematic Botany will be published on the 1st of April, and that of British Plants on the 15th of May.

London: Scott, Webster, and Geary; Oliver and Boyd, Edinburgh; and Curry and Co., Dublin, and all Booksellers.

**Dr. COMSTOCK'S SYSTEM OF NATURAL PHILOSOPHY;** familiarly explained, and adapted to the Comprehension of Young Pupils: with appropriate Questions on each page for the Examination of Scholars, with additions on the Air Pump, Steam Engine, &c. By GEORGE LEES, M.A., Lecturer on Natural Philosophy, &c., Edinburgh. With 225 Woodcuts., 18mo. bound in roan, 5s. 6d.

"This is by far the best elementary work on the subject which I have seen; it is clear and concise, and so admirably suited to the younger medical student that I have strongly recommended it to my pupils."—*Marshall Hall, M.D.*—May, 1839.

London: Scott, Webster, and Geary; and sold by all Booksellers.

## KILKENNY MEDICAL ASSOCIATION.

At a MEETING of the KILKENNY MEDICAL ASSOCIATION, held on January 13, 1840, PATRICK KEATING, Esq., M.D., in the Chair—it was

Moved by Dr. John Bradley, and seconded by Dr. Bateman,

That, abiding as we do by those admirable principles of reform expressed at the Medical Congress in May, 1839, we feel bound to express, that since that period, experience and time has but strengthened our confidence in, and extended our gratitude to the Council of the Medical Association, holding its sittings in Dublin, for its assiduous and able advocacy of the rights and interests of the profession at large.

Moved by Dr. Stirling, and seconded by Dr. Lalor,

That our marked thanks are due to the Editors of the DUBLIN MEDICAL PRESS, for their untiring exertions in the cause of reform, as well as for their care and energy in watching the interests and welfare of the profession—and that we are resolved, as far as we are able, to support it as a medical periodical, full of interest and value—and that we call upon our brother medical reformers throughout Ireland, to subscribe to it, as a measure of justice to its own merits, and as an important means of forwarding those measures so essential to the regeneration of our profession.

Moved by Dr. Butler, and seconded by Dr. Anderson,

That these resolutions be published in the DUBLIN MEDICAL PRESS.

PATRICK KEATING, Chairman.  
ROBERT CANE, Secretary.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, Prince's-street, Soho.

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Wednesday, January 22, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LVI.]

DUBLIN, WEDNESDAY, JANUARY 29, 1840.

{ PRICE SIXPENCE,  
STAMPED.

LECTURES ON SURGERY BY PROFESSOR PORTER.		MEETINGS OF SOCIETIES.	
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LECTURES ON SURGERY,  
NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,  
By W. H. PORTER, Esq., one of the Professors of Sur-  
gery in the College.

## LECTURE VIII.—TREATMENT OF ABSCESSES.

WE come now to consider the treatment of abscess when fully and fairly formed, and this will embrace the consideration of several important topics.

1. Whether it is more advisable to open abscesses, or to leave them to burst of themselves, including, of course, a consideration of those cases where one of these modes of practice might be more judicious or advisable than the other.

2. The place at which an abscess should be opened.

3. The different modes of operating that have been or are in use: and—

4. The treatment that may be necessary afterwards.

With respect to the first of these questions, like most others that occur in the practice of medicine and surgery, it is impossible to lay down a general rule that can be applicable to every case. Some abscesses should be opened as soon as, or even before, there is distinct evidence of the existence of matter within; some may be permitted to remain longer: and there are some still which should be left altogether to the operations of nature. The first principle I would lay down is—that all acute abscesses may be, and, perhaps, ought to be opened; if only for the purpose of alleviating that febrile irritation, already remarked upon, with this limitation, that the longer and more matured the abscess is, the greater chance is there of its not collecting again, and of the sore that remains healing with rapidity. In my last lecture, I mentioned that most abscesses contained a slough of dead cellular tissue which must be thrown off; and if one of these is opened before such slough is com-

pletely detached from the adhesive lymph that surrounded it, and lies loose and floating in the matter, it cannot be evacuated with it, and, of course, as long as it remains, it will operate as a foreign body in promoting suppuration and preventing the healing of the sore. This is, I believe, the reason why the abscess, that is allowed to ripen, heals most satisfactorily afterwards. However, there are some abscesses to which such latitude cannot be extended: as, for instance, when situated within the sheaths of tendons along which the matter would be likely to extend itself: or between the periosteum and bone where its presence would be certain to occasion caries. These are cases of paronychia, which, I have already said, admit not of resolution, and an incision would here be warrantable, even *before* there was sensible evidence of the existence of the matter. There are a number of other situations in which matter is occasionally lodged, and where the earliest possible opening is indispensable. I have already adverted to the tendency of abscesses in the neighbourhood of mucous canals to open into them, and this forms a reason for giving them an early exit, as well as the fact that these canals are generally surrounded by an exceedingly lax cellular or reticular tissue which enables the matter to extend itself widely, and to denude the intestine or other part that may be more immediately interested. Abscesses in the vicinity of serous cavities should, for a similar reason, have an early opening, although here there is much less tendency to a spontaneous opening than in the instance of mucous canals: indeed, in the great majority of instances, a thickening of parts, between the matter and any adjacent cavity, takes place as a kind of protection to the latter; but fearful and fatal instances to the contrary have happened, and the surgeon should be always on his guard.

In the Meath Hospital, a man, who had a deep-seated abscess in the side, died suddenly in the night



by its bursting into the cavity of the pleura; and I am acquainted with the case of a medical student who had an abscess under the pectoral muscle, which made its way through the pleura—through an adhesion which there existed with the lung—burst into the air cells, and was coughed up. The young man died with all the symptoms of pulmonary consumption. It is true these cases occurred a long time since; and I do not think it probable that such would be permitted to happen now: but it is only by a knowledge of the possibility of such disasters, that means of prevention can be adopted. Abscesses in the neighbourhood of joints have also an almost irresistible tendency to burst into the cavity: indeed, I think, I have seen more than one case in which such an event occurred, even after an external opening had been made. This forms an unanswerable argument for an early opening as the only means of prevention. Abscesses situated within the substance of a bone, or over, or in direct contact with it, should always be opened early; and also those which lie close to an artery and might denude its coats. Lastly, where matter lies deep, and under a fascia, it should always be treated by an early opening: these structures assume the process of ulceration extremely slowly—possibly, they never ulcerate, but allow the matter ultimately to escape by the formation of a slough; but even this occurs very slowly, and, in the mean time, the patient is suffering from dreadful pain, and the matter is accumulating in such quantity as will leave a monstrous cavity subsequently to heal. When it is considered how generally fascial coverings are disposed throughout every part of the body, the necessity of an early opening might be predicated of almost every abscess that can be met with.

Where none of the foregoing objections obtain, it is said that the more matured the matter of an abscess is, the quicker and better it heals, and the less probability there is of an ugly cicatrix remaining: of this latter circumstance, however, I entertain some doubt, for the abscess bursts by a slough, which necessarily involves a loss of substance, and, of course, after such an occurrence must be more unseemly than after a simple incision. As a general rule, all abscesses, the opening of which would be likely to be followed by irritative fever, ought, if possible, to be left to the operations of nature: cases, however, will occasionally occur as exceptions, and in this, as in many other instances, a good deal must be left to the discretion of the surgeon.

2. The next point to be considered is—the place at which any abscess ought to be opened, with a view to the present evacuation of the matter—the future progress and management of the case, and the avoidance of a scar, where such an event is particularly desirable.

So far as the mere discharge of the matter is concerned, almost any part of the abscess will answer; and, if it has proceeded so far, that the skin has become discoloured, and the cuticle has desquamated—in short, if it is pointing at any spot, that spot should be selected for the opening, for it will subsequently burst there whether it is opened or not, as the cellular tissue underneath has been removed by absorption, and the skin thereby deprived of the vessels which supported its vitality. If, however, no part of the abscess exhibits the phenomena of pointing, the most depending spot ought to be selected, because it will allow of the matter most easily to escape, and there will be less fear of its accumulating again. Yet even to this rule there must be some obvious objections. We must not unnecessarily cut through a great depth of parts merely to give an abscess a depending orifice—we must not endanger artery or nerve or other important structure—and there is still

another case on which I must dwell a little longer, because the view I take of the subject is peculiarly my own. When an abscess has formed on any exposed part generally the seat of scrofula, it is most desirable that the succeeding cicatrix should be as little remarkable as possible. For this purpose we are desired to choose a concealed spot, (as under the jaw bone, if the abscess is in the usual part of the neck,) and to make the line of incision correspond with the natural folds or wrinkles, so that it may afterwards be identified with or hidden by them. All this is quite right, but I think it of far greater importance to make the incision in the *least* depending part; for, if it is otherwise placed, the matter will be constantly oozing and trickling through it, will act as a source of irritation and cause it to ulcerate, and will cause the cicatrix to be uneven, and puckered, and unsightly. With this precaution, and by cutting through sound parts—making a long and large incision—emptying the abscess completely, and applying pressure afterwards, I have frequently succeeded in preventing the slightest unpleasant mark. I must observe, however, that if the abscess is scrofulous, and allowed to break of itself, or if it remains long open and discharging the cicatrix will be unsightly—so also will that which succeeds on ulcers derived from venereal or other morbid poison.

3. The different modes by which abscesses might be opened have been arranged under the heads of incision, puncture, cautery, and the seton; and we shall now proceed to consider the circumstances that might induce us to adopt one or other, and, in so doing, contrast the topical management of acute and chronic abscesses.

In the acute abscess the constitutional symptoms are most severe previous to, and during the progress of suppuration—in the chronic they generally succeed on the opening or bursting of the cyst, which, in such cases, generally inflames, and suppurates most profusely. This inflammation of the cyst, whether justly or not, has been usually attributed to the introduction of air during or after the operation; and, accordingly, most of the deviations from the practice of incision, which is the simplest, the plainest, and the easiest performed, have been devised and adopted with a view to the exclusion of this much dreaded fluid. I am not now about to canvass the justice of the opinion that has been entertained of the baneful operation of the air: sufficient, and more pertinent opportunities will occur for this purpose hereafter; but I state the fact as shewing one reason for the difference of treatment that is observed with respect to acute and chronic collections of matter. In all cases of acute abscess, where a certain depth of aperture must be made, there is no mode of operating but by the knife—in all cases of paronychia, and other deep collections, it alone can be depended on, and it is, therefore, indispensable; and, in all cases of acute abscess, where the object is to give relief by evacuating the fluid, and where those terrors, above alluded to, are not to be entertained, it is the mode that ought to be selected. The operation by the knife is said to be less painful than any other, and so it is, if the aggregate of continued suffering is to be taken into account; but let us not be deceived into the idea that a cut, inflicted on an inflamed part, is not exquisitely painful, and the pain is generally great in proportion as the inflammation is recent, and the induration extensive—it is less when the matter is matured, and the cyst of the abscess thin. It is plain, however, that whatever may be the fact as to the difference of pain, we, by using the knife, possess the advantages of choosing the spot to be opened most exactly, and of regulating not only the depth of the opening, but its size in other respects, and its direction: and here



let me entreat of you to make your incision freely and of sufficient size at once. In the inflammations that demand an early opening, a bold extensive incision often cuts the disease short, and prevents it from spreading farther; and, in those cases where a slough or core exists within the abscess, it is clear that any puncture, not capable of permitting its free escape, must be insufficient. At all events, it is wantonly increasing a patient's sufferings, if we demand two or three occasions for doing an operation which might as well be done at once.

I use the term puncture in the treatment of abscess, in opposition to that of incision, in order to designate that mode of operating on chronic abscess which has been recommended by Mr. Abernethy. He introduced a lancet, obliquely, into the tumour, so as to make a valvular opening, considering that the obliquity of its course might prevent the introduction of air: he then applied gentle pressure in order to promote a free discharge of matter, and immediately, as this had ceased, he closed the little wound, covered it up with adhesive plaster, and endeavoured to procure its union by the first intention. The abscess, of course, filled again, but he did not permit it to attain its former size when he pursued a similar plan, and again, and again, until its cavity became so small that he judged the inflammation of the cyst would not be attended with any danger. He then laid it fairly open by a free incision, and endeavoured to heal it from the bottom. Thus an abscess which at first contained a quart, would be opened a second time when it contained three half pints, a third, when it held a pint, and so on until it might be opened throughout its entire extent. The theory on which this practice is founded is extremely plausible, but unfortunately the operation does not succeed—at least too frequently it fails. The puncture seems to heal by the first intention, and everything wears a promising appearance for four or five days, when it opens again, allows the matter to escape, its edges ulcerate, and the patient is precisely in the same condition as if a puncture had been made and left open and discharging from the very commencement. If this mode of treatment is adopted, and occasionally cases are met with in which a free incision would be extremely perilous, there are a few precautions which if attended to, will be found of great importance. I believe the subsequent opening and ulceration of the puncture is frequently caused by its having been made in the thin and attenuated skin which forms the anterior wall of the abscess: I, therefore always endeavour to introduce the lancet, in the first instance in a sound and healthy part. The lymph that surrounds the matter may generally be felt hard and circumscribed like the edge of a cup or bowl, and the lancet should (if possible,) always be introduced external to that. Unremitting pressure should be kept up as long as the matter runs, and if the stream is interrupted by a small flake of curdy lymph becoming entangled in the wound, it should *not* be disengaged by a probe, which always proves a kind of conductor to the external air. I would rather close up the wound and open the abscess the next day in another place, than employ any such instrument. Lastly, throughout the entire progress of the case, the part should be supported by a firm and tight bandage, in order to counteract the effect of the pressure of any matter that might accumulate, on the recently formed wound. By attention to these circumstances, I have in a very few instances succeeded in the cure of psoas and other chronic abscess, but I am bound to say, that in the great majority of cases, Abernethy's mode of treatment possesses no sort of superiority whatever over any other.

Indeed, the unmanageability of chronic abscess has been at all times almost an opprobrium chirurgæ and

to it we are indebted (if a debt it is,) for the variety of plans that have been adopted in the caustic, the cautery and the seton, all of them the offspring of timidity, terrified at the possible chance of inflammation succeeding on the free opening of the sac, and all liable to the same dangers and perhaps to more uncertainty. I cannot conceive why a caustic should ever have been employed for the opening of an abscess: the case to which it is peculiarly applicable has never been pointed out to me, and although I have seen it used, I cannot say it possesses any, the smallest advantage. It is said that the caustic imitates the process of nature in the opening of an abscess, that a slough or eschar is formed which separates slowly, and by discharging the contents gradually and slowly, enables the cyst to contract, so that on the complete separation of the eschar and exposure of the cavity, its size shall have so far diminished, as to render inflammation less dangerous. It has been supposed also that where an abscess was peculiarly indolent and sluggish, the application of a caustic might stimulate it to assume new and more healthy actions, and with this view it has been used in the treatment of indolent buboes, though with what advantage I am unable to determine.

Having now stated the supposed merits of this mode of treatment, I may say a few words as to the objections that obviously exist against it. The operation of a caustic is uncertain—it always inflicts a wound larger than is necessary for the absolute discharge of the matter—the depth of this wound cannot be calculated on with accuracy: it may not reach sufficiently deep to evacuate the matter, and the knife may be requisite after all—a circumstance which I have seen to happen more than once, or it may extend too far and interest parts for which it was never intended—this consideration should not be lost sight of in the application of caustics anywhere in the neighbourhood of joints. The use of caustic also necessarily involves a loss of substance, and the wound must heal by that ugly scar that so constantly succeeds on burns. As to the relative quantity of pain, there can be no question that the caustic causes much greater and more continued suffering than the knife.

The seton seems to have been used with a view pretty nearly similar to the caustic, as it permits a slow and gradual discharge of the matter, and the presence of the cord traversing the abscess may have a stimulating effect, and produce a new and more healthy action in the cyst. As a means of treating even chronic abscess, however, I am unable to say much in its praise, neither am I well aware of any peculiar case to which it would be applicable in preference to every other. If the cord is larger than the aperture through which it is introduced, it causes great pain, produces inflammation and ulceration, and until this ulceration takes place, actually prevents the escape of the matter—if, on the other hand it is smaller, it allows the matter to flow off as fast as it would through any other puncture, and the principle on which it is used is defeated. When the abscess contains any slough of cellular membrane, the aperture is too small to permit its escape, and the wound must be subsequently enlarged, which is at the least inflicting on the patient a double measure of suffering—indeed, according to my experience, such has been the result in every case in which I have seen the seton used.

After all, the treatment of abscess, so far as the operation of opening is concerned, is sufficiently simple, and whatever varieties or modifications have been formed, have reference to the future treatment and termination. Acute abscesses in patients otherwise healthy, are lined by a well-organized coagulable lymph susceptible of the adhesive inflammation, if



their opposite surfaces are brought together, or to the favorable progress of ulceration, granulation, &c., if not: whilst the condition of the chronic abscess is generally very different, their cysts are poorly organized and unhealthy, their cavities are not likely to become thus obliterated, and when they run into ulceration, the same sluggishness of disposition prevails: the sore has no tendency to granulate or to heal, but remains open and discharging quantities of pus for a length of time, until worn and wasted by this drain upon his system, as well as by pain and irritation, the constitution of the patient yields, and he sinks and dies hectic. Between these pathological extremes described as characteristic of the acute and chronic abscess, there are many shades of difference—many varieties: just as there are different degrees of health and strength in the constitutions of individuals, and consequently, great differences will be observed in the results of different cases. In the practice of one man, Mr. Abernethy's mode of treatment will be eminently successful: with another, the seton shall appear the preferable mode of treatment, and thus, each and every of these proposals have had their advocates: for my own part, as I consider the mischief to be occasioned by some debility or vice of the constitution, I regard the method of opening the abscess to be of minor importance, and I think I have been as successful in operating by incision as in any other manner.

4. The treatment that may be necessary after an abscess has been opened, will depend on the nature of the case, the constitution of the patient, sometimes the situation of the disease, and such a number of other circumstances, that it will be impossible to lay down any very general rules on the subject. If the abscess has been opened prematurely, as for instance, in any of those cases in which I have laid down the necessity of an early opening, it is probable that union of the walls of the sac, by the adhesive inflammation cannot be accomplished, and therefore, should not be attempted: the suppuration must continue until the sloughs are separated and thrown off, and this process will be assisted by the application of emollient poultices, fomentations, and in short, by the measures both constitutional and local that would have been adopted, if the abscess had not been opened at all. If, on the other side, the abscess has suppurated freely and the matter is well matured: if it has been opened freely, and all the sloughs and matter carefully pressed out: and if it should be so situated as to admit of the practice, the walls of the cyst should be laid in opposition and retained so, by a moderate, but at the same time a sufficient degree of pressure. In the great majority of instances, the cavity will be obliterated by the adhesion inflammation, in the course of a few hours. Suppurating aneurismal sacs are abscesses containing matter mixed up with clots of blood, often in a putrid condition: they have been considered as peculiarly unhealthy—likely to produce a protracted suppuration, and thus destroy the patient by the wasting of hectic fever—yet have I more than once by this line of practice—by carefully evacuating the cyst of every particle of its contents—and the application of pressure afterwards, succeeded in establishing a complete and perfect cure in the course of forty-eight hours. Sometimes, however, an abscess cannot be treated in this way in consequence of its situation—sometimes ulceration will of necessity take place in consequence of the opening having been delayed too long, and the skin being rendered thin and almost deprived of vitality. Again we find abscesses that have an irresistible tendency to continue open and discharging for a length of time, such are collections within and around glands,—abscesses which make their way to the surface by a tortuous course—

and those which, situated in the neighbourhood of mucous canals have a tendency to become fistulous. These shall be noticed hereafter, when we come to speak of ulceration.

Hitherto, I have been speaking of abscesses of an acute form, or at least, occurring in persons naturally of a good constitution, unbroken by irregularity or indiseretion and untainted by any specific vice: where, however, the collection is of a chronic nature, or the patient possesses a strumous habit, although similar measures may be adopted, they will not often be found to be successful. Various local measures have been suggested, amongst which the injection of a weak solution of sulphate of zinc, or other similar gentle stimulant should be particularly noticed, because I have in some few instances made trial of this mode of practice, with apparently the best success; yet, I believe every thing of a topical nature must be secondary, and subordinate to constitutional treatment. It has been already stated, that it is after the opening or bursting of a chronic abscess, that the constitution becomes deranged and fever established: it is under the debilitating influence of this fever, that the patient apparently perishes, and it is to the mitigation of its violence and the controul of its symptoms, that the surgeon's attention is chiefly directed. This hectic fever forms so important a feature in the practice of surgery and medicine, that it requires a particular attention, and shall therefore be made the subject of a separate and distinct lecture.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### CITY OF DUBLIN HOSPITAL.

#### CASES TREATED BY DR. HARGRAVE.

*Reported by Mr. Hemphill.*

##### CASE I.—WOUND OF THE ABDOMEN.

August 4, 1839—Martin Connell, aged eighteen, a tailor, of tolerably temperate habits, states that about twelve o'clock last night, while in the act of rescuing his brother, who had been wounded by another lad, he received a stab in the abdomen with a penknife. Immediately after the occurrence he vomited a little—complained of very little pain—not a drop of blood was lost—came into the hospital about half-past five in the morning.

On examination, a small wound was perceived about two inches from the umbilicus. A portion of the omentum about the size of a large filbert nut protruded. The peduncle of omentum was very small, and wounded by the knife, but the wound in the integuments compressing it, acted as a ligature and prevented hæmorrhage. The omentum could not be returned without enlarging the external opening, and, under the circumstances, it was deemed advisable to let it alone; a little simple dressing was laid on and a bandage applied. Had some slight uneasiness in the wound—pulse 96—tongue moist.

*Emittatur Sanguis, ad 3xv. statim.*

Ten o'clock, A. M.—Uneasiness continued—countenance rather pallid and anxious—bowels not moved since the day before.

*Applicentur Hirudines xx., parti dolenti.*

*Hæbeat enema oleosum statim.*

A poultice to be applied over the leech bites.

Five o'clock.—Uneasiness less.

*Sumat pilul. ext. opi. aquosi gr. anam statim.*

*Et repet. octavis horis.*

August 5.—Very little pain when he stirs—bowels moved once by the enema, omentum appears a little



darker than yesterday—pulse 102—tongue moist but foul—skin hot and dry.

Repetr. enema et pilulæ.

Three o'clock, p. m.—Complains of some pain in the region of the wound—skin very hot—pulse fuller and quicker.

Applicetur hirudines xviii.

R. Calomelanos, gr. xvi.

Pulv. opii. gr. i.—M.

Ft. pilulæ viii. et. s. i. 3tis. horis.

6th.—Is something better to-day—tongue cleaner—not so much fever—scarcely any pain.

8th.—Much better—tongue clean—pulse 80—very little pain—mouth sore from the pills.

Omitt. omnia.

9th.—Wound suppurating—no pain—a ligature was applied tightly round the neck of the portion of omentum protruding.

10th.—Complains of no pain—the tumour appears more swollen, and of a darker colour—the ligature was tightened this morning—some ulceration of the gums from the calomel, touched with a ten-grain solution of the nitrate of silver.

12th.—No pain—tumour has come away—wound suppurating.

16th.—Discharged—wound completely healed.

The progress of this case was most favourable; when first seen by Dr. Hargrave, the question naturally suggested itself, if the protruded portion of omentum should be returned, this was found to be impossible without enlarging the wound; one objection of a strong character was opposed to this proceeding—namely, the patient being found to labour under congenital umbilical hernia; as the abdominal parietes were thus naturally weak, if possible, an additional cause of weakness should not be superadded to the patient's system, which would have been produced by dilating the wound, through which the omentum had protruded. It was consequently determined to allow the omentum to remain *in situ*, and to favour its sloughing by treatment. The next part of the case which requires any observation, was the effort made to meet and controul the occurrence of peritoneal inflammation, which was attempted by availing ourselves of the use of opium, as has been recommended by the late Dr. Armstrong, but in cases differing from this one; in his, the peritonitis was idiopathic, in this the exciting cause of inflammation was a wound of the peritoneum: though waiting the effects of the opium, the abstraction of blood was not neglected, and was actively employed, and the opium continued for two days, in grain doses every eighth hour. As the tendency to inflammation was not removed after this lapse of time, it was no longer prudent to persist in this treatment, mercury was then administered, and before pytalism, or scarcely tenderness of the gums occurred, all abdominal pain and tenderness subsided, and the patient left the hospital in perfect health.

In cases of mercury severely attacking the gums and cheeks, we have found the best and most speedy agent to arrest the destructive inflammation, and to prevent extensive ulceration and sloughing, is to pencil the affected parts freely with a ten grain solution of nitrate of silver, and not to lose time, by the use of any other kind of antiseptic application; after the ulceration is arrested, mild astringent gargles can be used, if necessary.

#### CASE II.—DYSURIA.

August 15, 1839.—Mary Anne Kearney, aged 40, married, the mother of nine children, states that about five years ago she had twins—her last confine-

ment labour difficult—water drawn off with an instrument for six weeks after—has ever since been subject to attacks of pain in the region of the bladder, and difficulty in making water from the slightest cold or damp—has obtained medical relief several times—instrument not passed. About three weeks previous to admission, states that she got wet feet—in the evening complained of great pain in the region of the bladder, and inability to make water—was visited by a surgeon who ordered some medicines, and drew away the water with an instrument—continued in nearly the same state until her admission—had constant pain and dysuria, with frequent desire to pass water.

*Present State.*—Complains of pain, slightly relieved by pressure, in the pubic region, extending down the thighs—great difficulty in making water—passes but a small quantity at a time—bowels confined—menstruation rather irregular.

Habeat haustus ol. ricini 3vj. et semicupium.

17th.—Much relieved—bowels freed—pain less—dysuria continues.

R. Pulv. cubeb. 3ss.

Divide in partes vi.

Sumat i. ter quotidie.

18th.—Catheter introduced—about a pint of urine drawn away of natural colour, and free from sediment—very little pain caused by the introduction of the instrument.

20th.—Want of action in the bladder—pain relieved.

Rept. pulveres.

R. Mist. camph. 3vj.

Carb. ammon. 3ss. M.

Sumatur 3j. ter in die.

21st.—Dysuria continues—catheter introduced every second day—in the interval passes some herself.

Cont. pulveres et mistura.

Applicetur empl. vesicans sacro.

26th.—Symptoms nearly the same.

R. Mist. camph. 3ij.

Spt. ammon. aromatis. 3iss.

Magnes. carb. gr. xv.

Tinc. opii. ʒj. M.

Sumatur 3j. tertiis horis.

30th.—Catheter continues to be introduced—pain in the abdomen remains—one of the glands of the groin inflamed.

R. Acet. plumbi. 3ss.

Aceti 3ij.

Aq. 3vj. M.

Fiat lotio.

Repetatur mistura et adde pulv. uvæ ursi 3ij.

September 2d.—Continues in the same state.

R. Mist. camphor. 3ij.

Tinct. mur. ferri ʒii.

Opii gutt. xv. M.

Sumatur 3i ter in die.

5th.—No relief—water still drawn off.

R. Mist. camph. 3vi.

Liq. Hoffman. anod. 3ij.

Carb. ammon. ʒi.—M.

Sumat 3i. ter quotidie.

R. Proto-carbon. ferri, c. saccharo ʒi. div. in part iv. cap. i. ter in die.

7th.—Bowels confined yesterday—great pain in abdomen and bladder.

Habeat haustus oleosus cum tr. opii gutts. xv. statim, which produced considerable relief. Hot stupes to the abdomen—bladder still inert—catheter introduced.



R Sulph. quininae, gr. viij.  
 Pulv. cantharid, gr. i.  
 Ext. gentianae, q. s. ut fiant pil. viij.  
 Capiatur i. ter in die.  
 Rept. mistura.

13th.—No relief.

Infusi valeri. 3vi.  
 Liq. Hoffman, 3ijj.—M.  
 Sumat 3i. ter in die.

24th.—Continues in nearly the same state—great difficulty in making water—pain continues.

R Secale cornuti gr. xv.  
 Divide in pulv. iij. sumat i. ter quotidie.

28th.—Bladder has resumed its action—catheter has not been introduced for the last three days—passes water freely—no pain—says that she finds herself better than she has been for the last five years.

Discharged.

The great interest in this case is due to the action of the ergot of rye; none of the other medicines prescribed, as cubebs, iron, cantharides, or tonics, had any effect whatever upon the bladder, so as to regulate its action, and to enable it to expel its contents, till recourse was had to the ergot. We were induced to ascertain the effects of this medicine, conceiving that the want of tone of the bladder was owing to the sympathy between it and the uterus, which suffered much in her last confinement, probably atony of it extending to the bladder. However theory may fail or succeed in accounting for the condition of the bladder, no doubt remains of the immediate and great benefit, and as far as can be learned of the permanent relief which this woman derived from the use of this valuable medicine, which acts not alone beneficially upon the uterus during protracted labour, but also in severe cases of menorrhagia; in our experience, we have known it to act like a charm, in five grain doses twice a day, in cases of this disease, amounting almost to flooding.

## HARDWICKE HOSPITAL.

CASES TREATED FROM AUGUST 14, TO OCTOBER 21, 1839.

REPORTED BY MR. S. GORDON.

(Read before the Medico Chirurgical Society.)

I beg leave to lay before the Society a short history of the cases which were admitted into the Hardwicke Hospital, from the 14th of August to the 21st of October last, inclusive—during which time I filled the place of resident clinical clerk to the medical hospitals of the House of Industry.

During that time there were admitted into the house 278 patients—of whom 141 were males, and 137 females. Of these I shall confine myself to the cases which were admitted into Dr. Crampton's wards, which, with his usual liberality and kindness, he has allowed me to make use of, and to whom I feel deeply indebted, as well for the instructions which I have received from him, as for the great kindness which he has always shewn to me—these cases amounted to 119. To them I shall add such cases as were brought immediately under my own observation—the nurse of the ward having sent for me on account of some sudden aggravation of the symptoms—these amounted to twenty-four—thus making in all 143—71 males, 72 females. All these cases I saw three times daily. Those who may wish for information as to the internal economy and arrangement of the hospital have only to consult Dr. Cheyne's paper in the first volume of the *Dublin Hospital Reports*, where they will find all the information they may re-

quire, and that given in the fullest and most explicit manner.

With regard then to simple continued fever—that which is generally denominated idiopathic—the form which prevailed during the two months to which I allude was very mild. It was almost entirely confined to the young, or at least the middle-aged. There were 37 patients admitted—of these one male was aged 60, another 52, and one female aged 48—the rest varied from 8 to 35, but 18 to 20 was the average age. In this as in most other general observations, I include the remainder of the patients in the house—all of whom I saw daily, though I do not here refer to them particularly. There were very few admitted early in the disease—two men were admitted on the second day. Two females, ward-maids of the house, I saw on the evening on which they were attacked; but the sixth day of their illness was the average at which they came into hospital; the tenth or fourteenth day, however, was not uncommon, and three were admitted so late as the 21st. This proves that the fever must have been indeed mild, but it also shews that the tendency of the disease is to progress; and that it will not allow itself to be treated with that sovereign contempt which many are inclined to bestow on it. In many cases, but not the majority, the disease could be traced to contagion, in most cases it commenced with shivering. The head was in general the part most affected; want of sleep was commonly complained of. In few cases was there any appearance of eruption, and the fever did not run high, but was of long continuance. Almost all the patients who were admitted early were let blood to 3x, and always with great relief. In two cases of young females, an emetic was given, and followed by speedy recovery. Leeches were, in several instances, necessary to remove the headache, and in a few instances, in order to procure sleep, they were followed by cal. gr. iij. h. s. In one case of great headache in a boy, aged eight, accompanied with twitchings of the muscles of the face, cupping at the nape of the neck was successfully employed; but in many cases the comfort and cleanliness of the hospital and removal into good air was the chief means of cure—followed up by shaving the head—purgative medicines and the diaphoretic mixture. The two ward-maids to whom I allude, had each washed the body of a patient who had died in her ward of peritonitis, they were both seized with shivering, one in twelve, the other in eight hours after—accompanied by headache, and great pain in stomach and abdomen—foul tongue—quick pulse—vomiting and purging—very nearly the same means were used with both of them—venesection—three grains of calomel at night—followed by a mild purgative in the morning—and on the following day large doses of Dover's powder—after lying quiet for about a week, and using a mild diaphoretic, they both returned to their work.

There was another species of fever not uncommon at this period: several were admitted with headache—congested face—foul tongue—rather quick pulse—complaining also of pain in the stomach, and confinement of the bowels; these were, with very few exceptions, inmates of the House of Industry, and most of them lunatics, it was caused either by their coarse food disagreeing with them, or their having eaten too much. In such cases, if a strong purgative failed of success—an emetic on the following morning always succeeded. Such patients seldom remained in the house more than a week, and many left it sooner, this is the class of cases to which I have given the name of feverish, the number of them was twelve.

The number of cases of typhus fever admitted, amounted to fourteen—nine of these were females—seven of whom recovered—in most of them the disease



could be traced to contagion—and they were all admitted at different periods of the disease, varying from the third to the twenty-first day. The pulse was small though distinct, and debility did not come on early. The head seemed the part most affected—leeches were applied to the temples in almost all the cases, and generally relieved the pain, if this failed, a blister to the nape of the neck succeeded. Wine was given in all the cases admitted, except one, here it was omitted on account of the pain in the head not yielding to treatment: the patient recovered, however, though slowly, using the common diaphoretic mixture of the hospital—with frequent applications of leeches to the temples—a few grains of calomel at night—followed by a mild purgative in the morning—four ounces of wine daily was the quantity allowed, and in no case of typhus—of those to which I allude, was that quantity increased, except in two, and in those without effect. Of the two females who died, one was a decrepid worn-down woman of forty, she had been twenty-eight days ill, and was comatose when admitted—leeches were applied to her temples, a blister to the nape of her neck—she was with difficulty made to swallow a little wine. Sinapisms were applied to her feet, and other means used to rouse her, she lingered three days and died without having spoken from the time of her admission. She had a dark petechial eruption over her body.

The other was a young girl aged fourteen, her parents were in rather good circumstances, she was neglected, however, and when admitted had been fourteen days in fever—she was cold and almost pulseless—raving and screaming—a slight reaction took place two days after admission—the head symptoms continued—her pulse was still very weak—she got no sleep—by degrees she sunk, and died on the twenty-first day of her illness. Post mortem examination did not shew as much cerebral irritation as might have been expected—nor was the intestinal canal much diseased—there was considerable pneumonia—but not in itself sufficient to have caused death.

Of the five males, two recovered, two died, and one was sent to the Surgical Hospital, with a large abscess which had formed on his back, he was aged sixty, was twenty-one days in fever; when admitted, could not speak—was covered with dark petechial eruption—had bed-sores on sacrum and trochanters—he was ordered wine—camphor and ammonia—attention was paid to the bed-sores—he had rallied to a surprising degree, when this abscess made its appearance—he afterwards did well.

Of the two that died, one was a labouring man, aged forty-seven; was admitted on the fourth day of his illness, with a quick and weak pulse—had petechiæ on upper part of his body—he was a large muscular man—had some nervous tremor about him—the crepitus of pneumonia was audible at the base of the right lung—on the seventh day he was so low as to require wine—on the eighth, camphor and ammonia was added—on the ninth day he got hiccough, and towards noon, subsultus tendinum—his pulse was intermittent—his tongue was dry, hard and brown—the pneumonic crepitus was not audible over a larger space—was ordered *mistura moschi*—tenth day, sleepless and raving—hiccough continues—eleventh, insensible—knows no person—twelfth, died—hiccough and subsultus continued to the last. Post-mortem examination shewed serous effusion on the brain, with great vascularity—inflammation (in patches) of the mucous membrane of the stomach—it was softened throughout the whole canal—the liver betrayed symptoms of a life not the most temperate. There was great congestion in the posterior part of both lungs, and the lower part of the right was far advanced in Laennec's, second stage of pneumonia.

The second case was a man whom I was called to see at nine o'clock one evening. The nurse said he had got a 'weak fit,' and that there was something very odd about him—on inquiry I found he had been nineteen days ill—he had had diarrhœa which had now ceased—his pulse was small and quick—he was covered with cold perspiration—the nurse said he had passed water, and had a motion from his bowels not long before—he himself was now raving and trying to get out of bed—the abdomen was tumid—pressure did not seem to pain him—he died the next day.

On examination, I found he had died of peritonitis, caused by extravasation of the contents of the intestines into the peritoneal cavity through a perforating ulcer of the ileum. There were several other ulcers close to the perforation, and the mucous coat of the intestines was most extensively diseased.

[Mr. Adams, Mr. Brabazon, Mr. Kennedy, and several others witnessed the post mortem appearances.]

In Dr. Cheyne's report of the Hardwicke Hospital, in the first volume of the Dublin Hospital Reports, will be found a case closely assimilating this—he saw the patient day after day for six days—he was admitted on the 22d day of fever, and died on the 28th. At the close of the report he says—"It is worthy of remark that although a mortal disease was forming in the intestines there was nothing in this man's case, previous to the 27th, which led me to suppose that his bowels were much diseased."—See case of Dromgoole, Dublin Hospital Reports, Vol. I. p. 43.

The two cases that recovered were both young men, aged 20 and 24—the head symptoms were very high in both—one raved constantly for five days—the other, on the contrary, was stupid and heavy—both recovered under the use of wine, and diffusible stimulants, with occasional leeching of the temples.

There were two cases of intermittent fever—one was in a sailor, aged 30, originally from Preston—had of late been much in both the East and West Indies—he had a fit daily, and knew the exact time at which to expect it—it went through its three stages regularly—he had used ardent spirits freely, and his liver was much out of order—he was jaundiced, and had the usual accompaniments of that disagreeable malady. He was bled—cupped frequently over the liver, and got repeated mercurial purges—he gave notice that well or ill he should leave the hospital within a certain time for a voyage—he was accordingly patched up—took bark for the last ten days, and left the hospital in pretty good condition.

The other was a man, aged 45, a labourer—he had a fit each day at 4 o'clock, P.M., which went through all its stages regularly—he at first got emetics and afterwards bark—he was for some days in the convalescent ward, when the disease recurred—he again recovered under the same treatment, when he was attacked with diarrhœa—this, for some time, alternated with the ague, and, after remaining in hospital for some time, he was, at length, discharged cured of both.

There were twenty cases of scarlatina admitted—ten of these were male adults—all of them policemen, aged from 20 to 26, inclusive—in general the throat only was sore—eight were in Dr. Crampton's ward—five were bled—in two there was a distinct, rather dark-coloured eruption—great vascularity of the throat, and great enlargement of the tonsils—head-ache—restlessness—full pulse—all were greatly relieved by the venesection—it was followed up by antimonials, leeches to the external fauces, and a strong solution of the nitrate of silver to the throat—all recovered, except one, Caffrey, aged 22, when he was admitted he was scarcely able to swallow—he was covered with a distinct but rather dark-coloured erup-



tion—there was great vascularity of the throat, and the tonsils almost met—his pulse was strong, full, and quick—he had been two days ill, and was out on night duty—he was relieved by the venesection, but continued to suffer much—he died on the evening of the third day from his admission—the eruption had not receded—he was raving at intervals during the last twelve hours. On examination there was found great vascularity of the membranes and substance of the brain, with some serous effusion under the arachnoid, and into the lateral ventricles—the pleura of each side was very vascular—there was great congestion of both lungs, but no pneumonia—the fauces had lost the bright red colour which they wore during life, but were still red and covered with granules—the uvula I had removed during life—lymph was beginning to be thrown out on the tonsils, which were still greatly enlarged—the inflammation had spread down the trachea and large bronchial tubes.

The other two cases I was called to see on a Sunday morning—in one there was slight eruption on the upper part of the body—great vascularity of the fauces, and considerable enlargement of the tonsils—he was bled to fourteen ounces—he had been leeches the previous evening, and was not much relieved—he had a full strong pulse—he was well in 48 hours—the other was of a weak constitution, and was not in much pain—he took the antimonial solution and recovered. The other two males were boys, aged 8 and 15—one had eruption and sore throat—the other sore throat only—the former was bled—the latter not—both recovered. There were six females in Dr. Crampton's ward—all recovered—one aged 33, another 27, (who took it from her daughter, aged 8, also a patient,) the ages of the other three were 13, 11, and 7—of these three had eruption and sore throat—the rest sore throat only—two were bled—one had a dark mottled eruption with sloughing throat—she recovered under the use of the acid infusion of roses, and the application of solution of nitrate of silver to the throat.

Two cases remain to be mentioned, one a girl, named Moore, aged 11. When I was first called to her she had ulcerated sore throat—dark eruption—low fever, attended with extensive disease of the lungs; had been a week ill of the scarlatina; she died. Examination, post-mortem, showed a cavity in the apex of one lung, with calcareous matter diffused through it. The lower part of both lungs was in the last stage of pneumonia. The other case was that of De Veau, aged 20. She was admitted on the 6th day of her fever—the eruption had been out two days, and was very clear and bright. She suffered great pain from her throat. The fauces were of a purple colour, like a ripe grape—the inflammation extended to the soft palate, and downwards as far as was visible—her pulse was 116, full—she was bled largely, and was relieved for the time. The inflammation spread down the bronchial membrane—the distress from the throat continued—subsequently symptoms of cerebral irritation set in, and she died, comatose, on the 4th day. Dissection showed the thoracic viscera greatly congested; there was also some serous effusion into the arachnoid, and lateral ventricles. I forgot to mention that in those cases where there was eruption, I found it to come out on the 2d day.

The cases of measles were 3: one in an adult, 2 in children; that of the adult was darker than I had ever seen it. The eruption appeared in all on the evening of the third day; antimonial solution and baths was the treatment: they all recovered.

There was one case of variola, in a female, named Andoe, aged 22—not taken by contagion—had not been vaccinated. The eruption appeared early on

the 4th day—was confluent, and was over the entire body. It appeared early on the throat, tongue, conjunctiva, and debility came on very soon on the 6th day of fever, 3d of eruption—she required wine. Two days after, the inflammation spread down the bronchial membrane; she got no sleep. On the 10th day of the eruption, it was beginning to dry; she was then very weak, taking daily 8 ounces of wine, a pint of whiskey gruel, beef-tea, grapes, and other nourishment, and was decidedly improving. That night she complained of pain in the left side of her face. Next morning the parotid was the seat of a hard firm tumour, and her fever was increased. Leeches and a poultice were applied. She died that night.

*Dissection.*—On cutting into the parotid minute particles of pus exuded from it on pressure. There was considerable inflammation of the bronchial membrane and congestion of the back part of the lungs—the pustules on the pharynx were dry—they were not found on any of the internal organs.

There were four cases of erysipelas—the first in an old man, ætät 64, an inmate of the House of Industry—he was admitted with erysipelas of the head and face, attended with the usual symptoms, and inordinate irritability of the stomach—he went on well for some days—the erysipelas suddenly receded—the nurse remarked to me in the morning that 'the erysipelas had suddenly got well, but there was something queer about him.' I was in the ward about noon—his pulse was 40—he was raving—he was dead in the evening.

*Dissection.*—Serous effusion on the brain—brain itself very vascular—lymph effused in small patches on the convex surface—largely at base of brain.

Another case was also of the head and face in an inmate of the house, an old woman, she was leeches—got purgatives and diaphoretics—another was of the leg, extending from the ankle, half way up the tibia, over the anterior part only, of a bright red colour, attended with but little fever—it was scarified—the other was of the face in a young girl—she had been subject to it—she was treated with sulphate of quinine—all three recovered.

I now come to the cases of pneumonia—seventeen in number, nine females, eight males. Of these, in eight cases the pneumonia engaged the right lung, in five the left, and in four it was double. In one case the pneumonia was confined altogether to the upper lobe of right lung. The patients were of different ages, from ten to sixty, and were admitted with the disease in all its different stages—all, however, with the exception of one case yielded to treatment, which was, generally, venesection followed up by antimonials—leeching or cupping, and in prolonged cases blistering. In three cases the disease had proceeded to that length, that they required wine and strong stimulants. One woman, aged fifty, was admitted with the right lung solidified, she was so exhausted by diarrhoea, which could not be checked, that the pneumonia could not be treated, and she died on the third day.

*Dissection.*—Right lung in a state of grey hepatization—mucous membrane of intestines extensively diseased. In many of these cases bronchitis was also present, and in two the frottement of pleuritis was distinctly heard.

The cases of bronchitis were seven, five females, two males, four cases acute, the remainder chronic, with an acute attack supervening. The acute cases speedily recovered, treated by venesection and tartarized antimony, and afterwards a mucilaginous mixture. Of the other cases, two, a female aged thirty, and a male aged forty-four, were sent to the Chronic Hospital, and the other a male aged sixty-eight, having been in the house for some time; from imprudent





exposure to cold, was attacked with pneumonia, which, however, yielded to treatment, he is now nearly convalescent, the bronchitis also fast subsiding.

There was one case of pleuritis in a female, aged twenty, contracted by exposure to cold, she was cured by cupping the side, and using purgatives and diaphoretics.

I was called to see two cases of dysentery, both brought on by exposure to cold after fever, one case speedily yielded to Dover's powder, and afterwards a combination of blue pill: hippo and opium: with attention to diet; the other case in a child aged six, was more obstinate, he was at one time so low as to require wine. In him also, however, it at length yielded to the hydrarg. c. cretâ and Dover's powder, and occasionally a little castor oil, with leeching and fomenting the abdomen, he was sent to the country convalescent. There were four cases of diarrhoea, three recovered under the use of wine and the other usual treatment, the fourth was transmitted to the Chronic Hospital.

There were two cases of cholera: one in a policeman aged thirty-nine: suddenly seized with coldness and cramps in the stomach, abdomen, and legs, while on duty, at two o'clock, A.M. On admission, his face was livid: his body of a purple hue: his feet perfectly cold: he had then no cramps: his eyes were closed: involuntary stools: had passed urine since commencement of the attack: he got a draught of warm wine spiced. About one o'clock P.M., a profuse perspiration came out over his whole body: about three o'clock this seemed critical: he slept well that night: gradually recovered, and was finally discharged cured. The other was a labourer, aged 40, he had slight dysentery and tenesmus for a day or two: but early on the morning of admission, he was suddenly seized with acute pain in the stomach: succeeded by vomiting and faintness; on his admission, the surface of his body was cold and blue: his eyes sunk: scarcely able to articulate; cramps in the abdomen; pulseless; tongue moist, but of a leaden hue; constant vomiting; thirst; the discharges per anum were of the peculiar kind; and there was suppression of urine: there was no remission of the symptoms; no treatment had any effect; he died on the following evening.

Nothing particular was elicited on the post-mortem examination; all I can say is, there was great congestion every where; the body were the same blue appearance which it had during life; the circulation appeared at a complete stand-still; the blood was every where fluid.

The cases of peritonitis were two; one was in a male aged 30, on admission, he complained of severe pain over all the abdomen, which was exquisitely tender on pressure; had passed no urine for 24 hours; tongue red, dry; pulse very small; constant cold shiverings; incessant vomiting; matter thrown up appeared to be fecal; no appearance of a hernia; bowels obstinately confined; his illness came on suddenly after eating a quantity of wet potatoes; this was on the 22nd of August, and on the 24th, his bowels were freed; emesis was not checked till the 29th; he was not convalescent till September 16. The other was a female aged 22. I learned from Mr. Henry of Queen-street, that she had sent for him about 14 days before, and that he had treated her successfully for peritoneal inflammation; the disease recurred, and she came into hospital on the 8th of September, with many of the symptoms of acute peritonitis; pulse small and quick; she lay with her knees drawn up; the bowels were obstinately confined; there was suppression of urine, and afterwards when it was secreted there was retention; she did not experience any pain from pressure in the abdomen; ex-

cept in the right iliac region; during the time she was in the house, she had two rigors of long duration followed by cold perspiration; she suffered great pain; treatment had but little effect; she died on the 12th. On examination, the intestines were found greatly distended with air; there was a great quantity of lymph and serum effused into the cavity of the peritoneum; this was confined to the true pelvis and right iliac fossa; there was also a great quantity of pure pus, and the intestines were closely adherent by lymph; there was great ulceration of the serous coat; but the disease in the mucous membrane was comparatively trivial, and evidently secondary; there was no perforation any where. The sufferings of this woman were extreme, and were not alleviated either by depletion, counter-irritation, or opiates, though given in very large quantity.

There was one case of chronic gastritis, in a young female who had undergone all sorts of treatment conceivable; she had been treated for cancer, neuralgia, hysteria, and various other complaints, and had been under the care of several physicians before admission. What appeared to give her most relief was pursuing as closely as possible the mode of treatment recommended by Dr. Osborne, in the 5th and 6th volumes of the *Dublin Journal*. She left hospital greatly relieved, but not quite recovered.

There were two cases of delirium tremens admitted, one a man named Lindley, who had been for some time butler to a nobleman in this city, where I understand he tipped rather freely, and afterwards, he had of late, also continued his old habits; he was admitted August 29, and died September 2nd, besides the delirium, he had its usual accompaniment, pneumonia, to a considerable extent. It was at first the delirium ferrox, he gradually became mild, and at length died comatose. An examination of the body would not be allowed. The other was a man named Grumley, who kept a whiskey shop, in him also there was considerable pneumonia, he however recovered, though his recovery was delayed by a slight attack of rheumatism coming on, which obliged him to return to bed after having been in the convalescent ward for some days.

There was one case of apoplexy in a woman named Carty, aged 50, a nurse in the House of Industry; she had had an apoplectic fit some years ago, from which she recovered; I first saw her on the morning of September 14th; she had been as well as usual on the previous day, and even now would not allow that there was much the matter with her; the ward maid could not positively affirm that she had a fit; her speech was thick, and when she attempted to speak, the angle of the mouth was drawn downwards; she could move her left arm, but the power of it was much impaired, as also that of the lower extremity on same side; sensation perfect; tongue could not be protruded straight; it was foul and furred; pulse remarkably slow; bowels confined; she was salivated on the 17th, and considerably improved; this improvement continued up to the 21st, when she suddenly became insensible; the right arm would then remain fixed, as in catalepsy; the remainder of the body was powerless; her breathing became stertorous; but, at the moment of expiration, the breath was forced out, with a whistling noise, through the left angle of the mouth; she died on the 24th; the head was examined on the following day; the cranium was remarkably thick; there was considerable effusion of serum into the arachnoid, on removing the brain, it lay in great quantity on the floor of the cranium, and welled up from the vertebral canal; the pia mater was remarkably red and vascular; this was in patches; the largest and most remarkable of which was on the anterior part of the convex surface of the left



hemisphere; the substance of the brain was minutely injected; but not very soft in general; the arteries of the brain were very tortuous, patulent, and had several deposits of bone through them; some of these minute; others of considerable size; the arteries contained black coagulated blood; the basilar artery on the right side was considerably larger than on the left; the choroid plexus in both ventricles contained several hydatids; the corpus striatum on the right side was very much softened and discoloured, and there appeared to be general softening of the brain around it; it was suggested by some that it was the seat of an old clot; but there was no appearance of the absorption usually found in such cases; the optic thalamus was healthy; no nerve seemed diseased.

There was one case of the fever attending hernia humoralis; it had come on in the usual way; gonorrhœa, recession of it, followed by orchitis; he recovered, and the gonorrhœa recovered with him; there was also one case of the fever preceding the papular venereal eruption in a young female, and, as usual, attended with stitches in the side, and increased pain at night; it declined as the eruption appeared; there was one case of very high fever attending inflammation of the periosteum over the os ilium; and disease of the bone itself; he was sent to the Surgical Hospital, where he is now doing well. There was a case of diseased urinary bladder in a female, with high fever attending it; she also was transmitted to the Surgical Hospital, but would not remain there.

There was one case of rheumatism, sub-acute, in a female, aged 25, it speedily yielded to treatment.

There were two cases of severe headache in young females; one appeared to have gone quickly through a mild fever, when she complained of toothache; the following day I was going to extract the tooth, but I found her with a great accession of fever; she complained of acute pain in the sides of her neck and back of her head; her face was greatly flushed; her tongue white; her pulse very quick. Next day these symptoms continued with a wild expression in the eyes, and increased pain in the head, with great restlessness and intolerance of light; in short, the symptoms of phrenitis rapidly progressed, delirium alone being absent; she did, however, rave occasionally at night; there was total insomnia; the nurse said she positively could not have slept for three days and nights, for she could not have slept during the day without her noticing it; and at night she and the other patients were kept awake by her incessant moaning and screaming; after some time she recovered.

What the cause of the headache in the other was, I do not know; it was constantly confined to the forehead; treatment of various kinds was tried; she said she experienced no relief; she took measles from a child in the ward, from which she has now nearly recovered, and with them also the headache has disappeared, though it was of two months duration before they made their appearance.

There was one case of phthisis pulmonalis in a female, aged 25; she was removed to the chronic hospital, and is there rapidly getting worse, without even that pleasing delusion possessed by such patients in general—"that she is getting better."

There was one case of that insidious and frightful disease, called diffuse inflammation, and with it I shall close the catalogue:—

The patient was a man aged 42, named Groves, whom many of you may recollect as engaged about a Diorama, which was long open for inspection at the Rotunda. He was admitted into hospital, September 25th: had been then fourteen days ill: had taken a large quantity of drastic purgatives, and was exceedingly weak: he had also severe cough. I was

first called to see him at ten o'clock, on the night of the 30th: he was then raving: perspiring copiously: pulse quick and weak: had some diarrhœa: cough was very troublesome: one knee, one ankle, and both wrists were swollen: not discoloured: he would not allow he had pain any where: he did not sleep that night: next day the raving had somewhat declined: he was considerably weaker: one elbow in addition was now engaged, and there was evidence of advanced pneumonia in the greater part of both lungs: next day there was paralysis of all the sphincters: spoke but little: made no complaint: if asked how he was, said 'much better and wished to get up.' The joints now engaged were the two elbows, the two ankles, the two wrists, and one knee. He died on the 2d of October, to the last shewing that peculiar phenomenon of the disease, that in no case would he consider himself ill, at least making very light of it, and when he was at the worst, either flattering himself or wishing to deceive us with the idea that he was rapidly getting well.

Post-mortem examination shewed that in the elbows in this case the effusion of matter was not confined to the joints, but had spread through the substance of the muscles; whether the matter had been originally secreted in the joints, penetrated the capsule, and so traversed the muscles, I cannot say, but in the other joints it was retained within the capsule, and was of that peculiar kind, so well described as resembling a combination of lime water and oil; there was extensive disease in both lungs and liver, but there were not found those purulent deposits which have been often met with in many other similar cases. The veins in front of the elbow joint in one arm were examined, but nothing abnormal detected.

The number of cases which I have now laid before you amount, in all to 143—of these 71 were males, and 72 females. The respective ages were as follows:—

From 1 to 10, 5 males, 3 females; 10 to 20, 12 males, 15 females; 20 to 30, 24 males, 27 females; 30 to 40, 14 males, 12 females; 40 to 50, 4 males, 6 females; 50 to 60, 6 males, 4 females; 60, upwards, 6 males, 5 females.

#### The diseases were—

Simple continued fever, ..	37
Feverish, ...	12
Typhus fever, ...	14
Intermittent fever, ...	2
Scarlatina, ...	20
Rubeola, ...	3
Variola, ...	1
Erysipelas, ..	4
Pneumonia, ...	17
Bronchitis, ...	7
Pleuritis, ...	1
Dysentery, ...	2
Diarrhœa, ...	4
Cholera, ...	2
Peritonitis, ...	2
Gastritis, ...	1
Apoplexy, ...	1
Delirium tremens, ..	2
Rheumatism, ...	1
Anomalous headaches, ...	2
Phthisis, ...	1
Disease of bladder, ...	1
Iliac abscess, ...	1
Fever of orchitis, ...	1
Venereal eruption, ...	1
Relapses, ...	2
Diffuse inflammation, ...	1

Total, ... .. 143

Of these, 105 recovered, and were discharged cured—7 were sent to the surgical or chronic hospitals—15 died, and 16 remain in the house.



## ON THE NEW MEDICINE, MONESIA.

BY M. DONOVAN, ESQ.

The statements which have been made by the Continental physicians, relative to the extraordinary medicinal virtues possessed by the new vegetable substance, monesia, have induced me to obtain a quantity of it from the Continent, in order that the faculty of Dublin may have an opportunity of proving its efficacy.

It has lately, for the first time, been imported into France from South America, and trials of its power have been made with eagerness. It is an extract obtained, in the latter country, from a tree, the name of which is not known. It is imported in flat loaves or cakes, weighing  $1\frac{1}{4}$  pound avoird : it is of a deep brown colour, and is soluble in water. It consists of chlorophylle—vegetable wax—a fatty crystalizable matter—glycyrrhizine—an acrid bitterish substance—a little tannin—unexamined acids—a red colouring matter, and phosphate of lime.

This substance has been prepared for medical use in a variety of forms, of which the chief are a more refined extract, a tincture, and an ointment.

The refined extract is the one alluded to in the following account throughout. That which I possess, prepared by water from the South American product, has a striking taste of liquorice extract, which is speedily followed by astringency, then by feeble bitterness, very little warmth, and a slight sensation of smarting in the throat.

I know of no astringent bitter less disagreeable to the taste: many will conceive it even pleasant. Its smell is slight and indescribable. In its appearance it somewhat resembles kino in small fragments: but it has not so high a lustre. It is very friable, and may easily be reduced to a very fine powder. It dissolves in water: the solution is dull-brown, and not quite transparent: the peculiar taste of monesia is most perceptible on its solution; the sweetness being then striking and distinct from the astringency and bitterness which succeed it. The bitterness and warmth always feeble—can be perceived in the mouth for a good while after the solution has been swallowed.

I have endeavoured to ascertain the effect of other substances on monesia, with a view of discovering such medicines, possessed of coinciding effects, as may be used as adjuvants, without risk of impairing its efficacy. The following is a very brief, yet, perhaps, sufficient abstract of the facts which I have ascertained: and, in the subjoined formulæ, they will be found recapitulated in such a manner as to be seen at one view.

The solution is blackened by salts of iron; sulphate of zinc suffers decomposition from it; and acetate of lead is copiously precipitated by it. Hence, notwithstanding the coincidence of some of the effects of the three astringent metals used in medicine, I do not conceive that extract of monesia should be prescribed with any of the salts of iron, zinc, or lead. Tartar emetic does not appear to be disturbed by it. Tincture, or extract of rhatania, has no injurious effect on monesia; and hence may be often combined with it advantageously. I could not observe any bad effect from admixture of tincture or infusion of catechu, or of kino. But what seems particularly unfortunate is—that the solution of extract of monesia, when mixed with acid solution of sulphate of quina, produces an immediate and copious precipitation. This is to be lamented, as the two substances might, conjointly, produce the most important effects, if the mixture of them were not thus interdicted by the alteration produced on both. Although sulphate of quina is thus decomposed, infusion of cinchona

neither suffers from nor does injury to monesia, the reason of which is obvious: it is not sulphate but kinate of quina, and of cinchonina that exists in cinchona lancifolia, from which the tincture and infusion are made. An infusion made from cinchona lancifolia, with extract of monesia dissolved in it, will, no doubt, prove an excellent medicine. The solution of monesia has no effect on tincture of galls; and hence powdered extract of monesia, and fine powder of galls, are compatible in an ointment, and the great power of the former, as an external application, may thus be increased by that of the latter. Buchu, gentian, quassia, colomba, rhubarb, cinnamon, and cascarilla, have no detrimental effect on monesia. This substance may be combined with propriety, and, perhaps, advantage, with the acid infusion of roses. Angustura alters its qualities somewhat.

I have not been at present able to determine whether opium exerts any injurious effect on monesia, or the latter on it: a precipitate is certainly formed by tincture of opium in solution of extract of monesia. In the absence of proper information, it may be deemed prudent to exhibit the two medicines at different periods—a precaution which is more frequently necessary than practised by prescribers.

This extract tinges highly rectified spirit, but does not dissolve in it perfectly. When the spirit is diluted, the extract dissolves and forms a muddy tincture, which the filter does not clear, and which passes but slowly through it. It seems to dissolve in water fully as well as in diluted alcohol. The watery solution is its best formula, although, in warm weather, it would not keep long without the addition of some tincture, perhaps its own. Both the infusion and tincture are muddy.

The extract may be formed into a pill-mass by the addition of water to its powder. It absorbs much of this liquid, and although the mass may be at first too soft, it speedily becomes hard, and hence the mass must be quickly formed into pills. It is a light, bulky substance, and hence the pills, to be of a proper size, must not weigh more than three grains and a half. They become very hard, and the form seems inferior to that of solution in water, except where the latter cannot be borne on the stomach; but this, I believe, seldom happens.

The following is an abstract of the recoveries effected by monesia, as reported by the French physicians:—

Out of 42 soldiers, affected with diarrhœa, 36 were cured. Of these, 24 got pills of the extract, amounting to 10 or 15 grains in the day; and 12 had clysters composed of 3x. of bran water, holding two drachms of extract of monesia, dissolved. Several other cases of diarrhœa, which resisted the usual remedies, gave way to the exhibition of the extract by the mouth and the anus; some of these were persons far advanced in life.

In leucorrhœa, where the discharge was profuse, the extract given by the mouth, and its tincture, diluted with water, thrown up into the vagina proved useful. In one case, the discharge was increased by two doses of the extract; but on being used as an injection, the discharge, which had resisted every other remedy, ceased, and never returned.

In another case, wherein there was much pain, and which resisted baths, leeches, and opiate injections into the vagina, an injection of the extract of monesia, dissolved in water was thrown up the vagina once a day—the patient was well in a fortnight.

In hæmoptysis, in which bleeding, ligature of the limbs, and ordinary astringents failed, extract of monesia succeeded. In menorrhagia, and epistaxis, it was also successful.

In chronic catarrh of old persons, in dyspepsia, and



in the third stage of phthisis, in the chronic stage of bronchitis, in chronic enteritis, in scurvy, gangrenous eschars, and in various scrofulous diseases, the benefits of monesia have been striking.

In the dose of about half a scruple to a scruple, the extract, taken every day for ten days, acts remarkably and beneficially on the stomach. If the dose be pushed to one drachm every day, for 15 or 20 days, the appetite increases; but sometimes a sensation of heat is perceived in the epigastrium; tenesmus and obstinate constipation may also occur. Hence the effects must be moderated by diminishing the dose, and laxative clysters should be given, if required.

Monesia shows its maximum power in diseases of the digestive organs, in hæmoptysis, uterine hæmorrhage, and ulcers of the skin, or of the mucous membranes at their origins.

An ointment, made of the extract of monesia reduced to a fine powder and mixed with cerate, may be applied with the greatest effect, to all painful sores depending on a local cause. Syphilitic or scrofulous ulcers cannot be permanently cured by this ointment; but may be greatly modified and benefitted, or even temporarily healed up. Scrofulous diseases cannot be cured by the external use of monesia; it must also be exhibited internally; and by this twofold treatment, many remarkable cures have been effected, which have been described in detail by Dr. G. J. Martin St. Angelo.

M. Buchez has tried extract of monesia, in inflammation and scorbutic swelling of the gums, uniformly with advantage, in cases which resisted all other means. The pain which accompanies caries of the teeth, is sure to be removed (he says,) in a few minutes.

One is struck by the very peculiar action of monesia on every organ. As its tonic powers have been proved in more than 400 cases, it is a safe inference that the healing art has discovered in it a real acquisition. But it is much to be regretted that its original cost is so great as almost to preclude its general introduction, at least until an increasing demand shall render its manufacture and importation less expensive.

#### FORMULÆ FOR THE EXHIBITION OF EXTRACT OF MONESIA.

##### 1. In the Liquid Form.

R. Extracti Monesiæ, semidrachmam,  
Aque uncias quinque cum semisse

Solve et adde

Tincturæ Cardam. comp. vel  
Tinct. Cinnam. vel  
Tinct. Rhatania, vel  
Tinct. Cinchonæ, vel  
Tinct. Colombæ, vel  
Tinct. Catechu, vel  
Tinct. Kino, vel  
Tinct. Rhei, vel  
Tinct. Gentianæ, semunciam, vel  
Tinct. Quassiæ, drachmas tres.

Sumat Cochlearia duo ter quaterve in die.

All the above tinctures are compatible with extract of monesia; or—

R. Infusi. Gentianæ comp. vel  
Infusi. Cinchonæ, vel  
Infusi. Colombæ, vel  
Infusi. Cascarillæ, uncias sex.

Extracti Monesiæ, semidrachmam,  
Solve. Sumat ut supra.

##### Tinctura Monesiæ.

R. Extracti Monesiæ, unciam,  
Spiritus tenuioris uncias novem cum semisse,  
Aque uncias duas, solve, et seponere ut subsident facces, tunc tincturam effunde.

Of this tincture, each drachm contains five grains, the feces being almost nominal.

##### 2. In the Solid Form.

R. Ext. Monesiæ, grana trigiata sex,  
Aque quantum sufficiat ut formentur pil. duodecim, quarum, sumantur duas, bis terve in die.

The bulk of this pill will be found quite sufficient.

##### 3. In the Form of Ointment.

R. Extracti Monesiæ, subtilissimi pulveris, semidrachmam.

Ung. Cereæ Albæ, vel

Ung. Gallarum, vel

Ung. Zinci, unciam.—M.

The oxide of zinc can scarcely prove injurious, although its sulphate is.

11, Clare-street, Dublin.

#### LIVERPOOL MEDICAL ASSOCIATION.

##### SECOND MEETING.

Dr. FRECKLETON in the chair.

Dr. EDWARDS related the post mortem appearances in a case of congenital deafness—on one side the membrana tympani and ossicula were wanting. On opening the cranium, the part of the temporal bone over the semicircular canals was more prominent than usual; and, on cutting through this, the canals on both sides were found filled with caseous matter. The osseous structure was natural; every care was taken to prevent the dust from the cut bone from mingling with the contents of the cavities, and there could be no doubt of the existence of the caseous matter—a circumstance which had been called in question in similar cases. The boy had been totally deaf, and the case shewed the impossibility of curing congenital deafness by means that were sometimes adopted.

Dr. SUTHERLAND mentioned a case of paralysis of the motor nerves of both sides of the body. The patient, a man about 45 years of age, was affected about eight months ago, with numbness of the fingers of the right hand, on account of which he became a patient at the North Dispensary; within two days of the commencement of the disease, the fingers of the left hand were affected in a similar manner. On the day following, the paralysis commenced in both feet at the same time; it then extended simultaneously up the arms and legs, so that, within a few days, the patient was deprived of all power of motion, except in the muscles about the head and neck. He had slight pain of the head at first, which soon went away, and there was no tenderness over any part of the spinal column. For a day or two, there was double vision; this, too, disappeared, but the sight was impaired for about two months afterwards.

The hearing, taste, and smell, were in their natural state, and there was perfect sensation over all the parts affected by the paralysis. The speech and deglutition were unimpaired, and the respiration and circulation unaffected. The bowels acted naturally, and also the sphincters, except that he passed his urine involuntarily for a short time. The patient remained in this state for nearly four months, since which he has been gradually recovering, though much more rapidly in his inferior extremities, than in his arms. He can now walk four or five miles at a time, and can raise weights with either arm, although he is yet unable to resume his employment.

Mr. BANNER related the case of a man who came to the North Hospital on account of having received a fall on the head. In a short time he felt so far recovered, as to express a desire to walk home. The house surgeon advised him to remain a little longer, which he did, and about three hours from the time of his admission he was found comatose; on examining the head, a long narrow swelling was discovered, ex



tending from the occiput forwards, an incision was made into it, from which a quantity of blood flowed, and a fissure was discovered, extending the length of the swelling. The trephine was applied, and about two ounces of coagulum escaped from the opening; when the dura mater was depressed by the finger, profuse hæmorrhage took place from the interior of the cranium, which ceased when the finger was withdrawn. The patient died comatose, and on dissection a counter-fissure was found extending across the temporal bone, and the meningeal artery was torn through and presented an open mouth, from whence the blood had flowed. The peculiarity of the case arose from the circumstance of several hours having elapsed from the time of the receipt of the injury, before the coma set in.

### THIRD MEETING.

Mr. BANNER in the chair.

Mr. WAINWRIGHT read a "paper on abscesses forming within the pelvis after labour." He related eight cases, in all of which extensive collections of matter had formed and been discharged, some at the groin, others by the vagina and bladder; and in one the matter had passed through the walls of the uterus, and from the uterus through the vagina: this was the only fatal case, the remainder having recovered perfectly, after a longer or shorter interval. Several of the patients have had children since, and all such had experienced good recoveries. Mr. W. stated that he thought these cases ought to be regarded as having an intimate connexion with the puerperal state—that he considered the cellular membrane of the pelvis as the seat of the abscesses—that he believed the disease to appear chiefly under two forms, in one of which the inflammatory action commences primarily in the cellular tissue, and in the other, primarily in the uterus and its appendages, and is thence communicated to the cellular structure. The symptoms and treatment were then spoken of, and the paper concluded by calling the attention of the meeting to the fact—that seven, out of eight severe cases of this disease, recovered.

### FOURTH MEETING.

Mr. BANNER stated a case occurring in a child ten years old, which had suffered from hæmorrhage from the ear during an attack of whooping cough: this was succeeded by inflammation and suppuration which recurred from time to time, and five months after, the child became affected with paralysis of the portio dura of the right side. At this period the suppuration had stopped; it was again restored by poultices, and the paralysis disappeared. The child next became comatose, and died in convulsions. On opening the cranium, the dura mater, covering the petrous portion of the temporal bone, was found discoloured, and there was effusion of lymph between the arachnoid and pia mater in the vicinity. On cutting through the dura mater, an abscess was found involving the whole structure of the internal ear which was destroyed by caries.

Mr. NEILL exhibited a fragment of the breech of a gun, weighing two scruples, which he had extracted from the eye of a boy. It had been forced in by the bursting of the gun, and had cut through the upper eyelid and destroyed the eye; great inflammation and suppuration ensued, and the boy was brought in for advice twenty-four days after the accident.

Mr. LONG then read his paper "on the post mortem appearances found after burns." He stated that he had collected the morbid appearances of 27 cases, and that in these, organic lesions existed, in the head in 18, chest in 17, and the abdomen in 19 cases, and

that there was but one in which no morbid appearance was found.

The proportion of lesions in the different tissues were, in the brain alone, none, of the membranes alone, 6; and 10 of both brain and membranes; pleura, alone, 3; lungs, alone, 5; pleura and lungs, 2; pleura and bronchi, 2; lungs and bronchi, 2; lungs, pleura, and bronchi, 3; peritoneum, alone, 1; mucous membrane, alone, 11; peritoneum and mucous membrane, 7: of these cases, the lesion of the mucous membrane of the stomach alone, 2; intestines, alone, 9; of both, 7. In those cases which terminated fatally within 48 hours of the accident, marks of venous congestion were found in all the cavities, and the shorter the period which intervened between the burn and the death of the patient, the greater was the congestion.

In the great majority of the cases which died at variable periods, after reaction took place, inflammation was found in the different cavities, with the usual terminations in effusion, ulceration, adhesion, and gangrene. In two cases perforation of the duodenum had been found. An animated discussion took place as to the practice pointed out by the dissections related in Mr. Long's paper, several members contended that stimulating in the first stage, followed by venesection and other antiphlogistic means, constituted the best treatment.

Mr. ARNOTT and Mr. BLOWER mentioned cases in which venesection had been employed at the Northern Hospital with marked good effect.

### LITERARY INTELLIGENCE.

Preparing for publication, and speedily will be published, a translation of Dr. M. Jacobi's work, "on the Construction and Management of Hospitals for the Insane, with a particular notice of the Institutions at Siegburg." With preliminary observations and notes by the Editor, Samuel Tuke, author of "A Description of the Retreat."

### TO CORRESPONDENTS.

Communications received from Drs. Cavin, (Coleraine,) Bullen, jun. (Cork,) Mr. Walmsley, (Liverpool,) and several others to whom private answers have been returned.

### TO OUR SUBSCRIBERS.

We beg leave respectfully to inform our friends that their Subscriptions for 1840, are now due. As the increasing business of the Press has obliged us to take measures for extending our office establishment greatly beyond what we contemplated this time last year, we feel much satisfaction in being able to inform our professional brethren and friends, that our people of business will now be able to attend to any of those numerous little commissions, professional or otherwise, which provincial medical men are constantly requiring to have executed in the metropolis, and that we shall be at all times happy to see or hear from them at our office.

As postage has now ceased to be an object, we shall feel obliged by our Subscribers giving us IMMEDIATE information of any irregularity which may occur in the transmission of the Press, in order that such may be rectified before the Numbers become scarce.

### TO ADVERTISERS.

The PROPRIETORS of the MEDICAL PRESS beg leave, respectfully, to call attention to their Journal, which, from its select and yet extensive circulation, is not inferior, as a medium for advertising, to any weekly periodical of the day. The permanency derived from its professional and scientific character, and the circumstance of the advertisements being



printed, not upon a wrapper, but upon the work itself, and, therefore, of necessity, uniformly bound up with it, give the Press a peculiar value as a vehicle for announcements requiring to be kept for a length of time before the public; while the fact of its being upon the table of almost every medical man in Ireland, and its extensive and encreasing circulation among book societies and individuals in England and Scotland, ensure its contents being brought under the notice of the respectable classes of society.

## SCALE OF CHARGES.

Ten lines or under.....	£0	4	0
Every additional line.....	0	0	6
Half a column.....	0	10	0
Half a page.....	0	17	6
A page.....	1	10	0

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 29, 1840.

## PLANS OF MEDICAL REFORM.

WHEN, in a late number, we printed and extensively circulated the most important documents on the subject of medical reform which have recently appeared, we purposely avoided entering into a discussion of the merits of the various plans therein contained, and altogether refrained from making any comments upon them. We did so advisedly, as we are aware that the premature exposition of the details of any measure, has usually the effect of raising up a host of speculators and planners, who lay hold of minute portions of the machinery, which they criticise or alter, according to their individual fancies, in a spirit altogether regardless of the great bearings of the subject, and but too often influenced by some narrow notion of self-interest, some small prejudice in favour of antiquated usages, or perhaps even by some paltry yearnings after the office of the fly upon the chariot wheel. It is easier to detect faults than to suggest useful amendments, and, accordingly, we need not be surprised if these critics of details not seldom succeed in pulling in pieces a plan, the comprehensiveness of which their small capacities can not embrace, although the microscopic accuracy of their vision may detect inconsiderable flaws, (to the inventor easy of removal) in its working parts. To avoid premature criticism then, was one of our objects in refraining from definite views of our own, but we had also another reason for the course we adopted—we felt, and we still feel that it is unwise for reformers to pledge themselves too firmly to any specific plan of reform. Much as has been said and written upon the subject, there are yet many points upon which it is unsafe to dogmatise, until an opportunity has been afforded for the bringing together and carefully weighing of the views, interests, and even prejudices of the various parties concerned; and were we at once to commit ourselves to any definite mode of settling these points, we should probably be doing wrong to some whom it is neither our intention nor our interest to injure.

The same sentiments we still entertain, and we shall, therefore, not now attempt the discussion of de-

tails, although it is our intention, in the present article, to sketch out, roughly, the great wheels of the machine of medical government, such as we think should be constructed; as we fear that in no other way can we convey to our readers a notion of its nature, and expected operation. Before doing so, however, we shall, still further to guard against misconception, express a hope in words employed by one of the Editors of this Journal, nearly a year since—"that we may be understood as being bound to the particular plans, which we may put forward, just so far as they may be found to suit our grand object of advancing the respectability of our common profession; but that as soon as the verdict of the majority shews them to be insufficient for that purpose, in whole or in part, in that instant, and in the same measure, we are prepared to abandon them."

The main evil, upon the existence of which all reformers appear to be agreed, is the want of uniformity in the qualifications and privileges of medical practitioners, and the consequent difficulty, on the one hand, of establishing any just fixed rule for determining who is to be considered, in the eye of the law and of the public, as a medical man—and on the other, the injurious restraint upon the freedom of traffic in medical talent, which, like every other such restraint, fosters the smuggler to the loss of the public, and the great detriment of the honest trader. Thus the knowledge of the facility with which medical titles may, in some instances, be acquired, causes the disregard of these qualifications by those who are unable to discriminate the good from the bad; and the prevention in England of the well-educated physician or surgeon from making up a pill for his own patient, forces into medical practice the uneducated chemist. How is this great evil to be remedied? Certainly by establishing a uniformity of qualification which shall entitle all, who possess it, to assume the medical character, and to enjoy the right of acting in that character with perfect freedom from local restrictions.

To ensure this uniformity, it appears to us that some essential conditions must be complied with. The first of these is the purity of the source of qualification—in whatever mode this may be constructed, it is absolutely necessary that it shall be kept free from pollution by the following expedients:—

1st. Those who compose the examining board or College, or whatever it may be called, must be paid sufficiently for their labour—if not, they will inevitably pay themselves by dishonest jobs.

2dly. This payment must be definite and have no relation to the number of those whom they qualify—if this be not so, they will rather invite numbers into the profession than stand between the public and ignorant pretenders.

3dly. Their office must be simply ministerial—they must have no power of determining their own duties—if this be not so, and that more than one body be permitted in the empire, the uniformity will not endure for six months.

4thly. They must not be engaged in the business of teaching—they must neither be academical professors as in the university of Edinburgh, nor private teachers, as in the London and Dublin Colleges of Surgeons—if this be not so, jealousies and suspicions of partialities will be perpetuated: and here some difficulty arises, for the question may well be put—Who is so competent to examine as a teacher? We re-



solve it by saying, make the examinership a step of promotion and retirement for teachers and professors.

The second essential condition for ensuring uniformity, is the establishment of a governing body, which shall control and ratify the acts of the qualifying body or bodies, and perhaps have the power of appointing the latter. The purity of this governing body must be secured by similar means as those to be used in the case of the examining body. Its members, for precisely similar reasons, must be paid definite salaries, and must not be teachers or professors. Their legislative power must be limited, and if one body be determined upon for each of the three kingdoms, the legislative function must be exercised by the three, conjointly, and not by one, separately. This will be necessary to secure uniformity, and prevent partial legislation.

As to the modes of establishing such a government, two are open for selection. 1. A governing body with power to appoint an examining body, (each being probably triplicate,) might be nominated by the crown; elected by the profession; or chosen by a mixed mode, the profession returning a number of names from which the crown might select. 2. A controlling body with power to inspect and regulate the existing corporations, as to the conduct of their examinations of candidates, might be appointed, by any of the foregoing modes, and might be invested with the power of licensing those examined and found to be fit for the duties of practice by the existing corporations.

To us it appears that the first plan is by far the best and least complicated; but it is not our present object to enter into the comparative merits of either. We conceive that neither of them could be adopted without conferring great benefits upon the profession.

As to the question of the future government of the profession, (considering that as distinct from the matter of admission into it,) we conceive it to depend upon the mode of appointing the governing body of which we have spoken. If that be appointed by the crown, the present corporations would probably coalesce, extend their franchise, and form a government, or they might be made to do so—if on the contrary, it be elected by the profession, it would then be fitted for the control, not only of admission, but of those admitted. As to which plan would be best, it appears to us that every thing depends upon the will of the profession. If they shew themselves anxious for a representative government, they ought to have it, and no doubt, would obtain it. If they do not come forward zealously to ask for that boon, it is evident that they do not value it, and would imperfectly exercise it if given to them, in which case the matter would be better left in the hands of government.

We entreat the attention of all medical reformers, and of our brethren generally, to the subjects of consideration with which we have now furnished them. If they apply their minds earnestly to the two conditions which we have stated to be essential to the attainment of the uniformity, universally admitted to be necessary; and to the two modes of complying with those conditions, without, for the present, troubling themselves with minuter details, we have no doubt that many difficulties will speedily vanish. If vested rights exist and be proved to belong to individuals, they must be respected and purchased up if necessary, but not allowed to interfere with the public good. If custom has sanctioned erroneous systems, or conferred privileges, not founded on law or justice, those systems and privileges must be amended *for the future*, but without harshly dealing with those who, from ignorance or necessity, have taken advantage of, or enjoyed them. No injustice need be done or intended, and if men would only be persuaded of this, a sound

legislation for the future might be quietly adopted, without any rude interference with the past.

We are fully persuaded, that it is only necessary for ten or twelve men of different parties and opinions, to come together and calmly discuss the subject, in order to insure a perfect and most beneficial harmony of opinion and action. If such can be effected, the legislature will at once interfere, and this very session the cause of the medical profession, and, we may add, of humanity and common sense will be triumphant.

## MEDICAL INTELLIGENCE.

### HOUSE OF COMMONS—TUESDAY, JANUARY 21.

Mr. F. FRENCH presented a petition from the Medical Association of Ireland, praying for medical reform.

Mr. FRENCH subsequently gave the following notice of motion:—That, on the 31st of January, he will move “that an humble address be presented to her Majesty, praying that she will be graciously pleased to appoint a committee for the purpose of reporting upon the evidence, with regard to the state of the medical institutions of the country, taken before a select committee of this house in 1834; and to prepare a plan of medical reform upon which legislative measures may be founded; and that her Majesty may be pleased to order such report to be laid before this house as early as possible in the present session.”

### FRIDAY, JANUARY 24.

In reply to a question put by Mr. FRENCH, Mr. WARBURTON said that the statement in the *MEDICAL PRESS* of last week, (quoted from the *Lancet*.) as to his intention of moving for the re-appointment of the select committee on medical affairs, with the approval of government, was perfectly correct.

A petition for medical reform has been forwarded to Mr. FRENCH by the medical practitioners of Roscrea.

### KING AND QUEEN'S COLLEGE OF PHYSICIANS.

THE first evening meeting for the season took place on the 20th instant; the President, Dr. George A. Kennedy in the chair. Among the guests, were the Archbishop of Dublin, Dean of Kildare, Sirs W. Leeson, and J. Murray, Mr. Carmichael, Drs. O'Beirne, Jacob, Maunsell, Anster, Kyle, &c. &c. Interesting papers were read by Dr. A. Smith, Professor Lendrick, and Dr. Osborne.

### MEDICAL ASSOCIATION OF IRELAND.

#### PROCEEDINGS OF COUNCIL.

THURSDAY, JANUARY 23, 1840.—Council met.

Secretary handed in £1. 10s., being the subscriptions of George W. O'Brien, M.D., Simon Enright, Esq., and Michael Healy, M.D., of Ennis, who were ordered to be enrolled as members of the Association.

#### OBITUARY.

In Camp, at Judpoor, the 22d October last, of inflammation in the chest, Thomas C. Brown, Esq., M.D., Surgeon of the Hon. E.I.C. 74th Regt. of Native Infantry, and only son of the late Surgeon George Brown, of Londonderry.

In Bagenalstown, of typhus fever, D. B. Tarleton, Esq., M.D.

#### ERRATA.

In Dr. Lynch's letter, *PRESS*, No. 54, page 41, 2d column, twelfth line, for “This fee,” read “The fee.” 24th line, for “exercised,” read “elected;” and 66th line, for “years,” read “weeks.”



## NORTH OF ENGLAND MEDICAL ASSOCIATION.

Through the kindness of a respected contemporary, the *Gateshead Observer*, to whom the medical profession owes many obligations, we have received slips containing a full account of the proceedings of this association at the meeting held on Tuesday last, at Newcastle-on-Tyne. We regret that it is not in our power to lay before our readers the instructive report of the committee, or to give even a sketch of the able speeches of Drs. Headlam, White, Knott, Lynch, G. Fife, Brown, De Mey, Messrs. Fife, Carter, &c.

The following petition was adopted for presentation to both houses of Parliament, and it was resolved, to entrust it to the Duke of Northumberland, and Lord Howick:—

*The Petition of the President and Members of the North of England Medical Association,*

**HUMBLY SHEWETH**—That your petitioners (consisting of physicians and surgeons resident in the counties of Northumberland, Durham, and Cumberland,) have for a length of time deplored the evil consequences ensuing, not only to their own body, but to society in general, from the want of an adequate legal constitution for the Medical Profession of the United Kingdom of Great Britain and Ireland.

That questions relating to the public health have not hitherto, in the opinion of your petitioners, received, from the legislature of this country, a degree of attention commensurate with their importance. The laws which have been passed with a view to regulate medical affairs, have not been sufficient to guard the public against the pernicious practices of ignorant pretenders to medical and surgical skill, or to protect the educated and duly authorized practitioner from an unfair and unjust competition with persons who can produce no evidence of their having made a suitable preparation for the responsible and difficult duty of treating the various diseases to which the human frame is liable.

That impostors of every description are, in consequence, allowed to prey upon society; and empiricism, in its most aggravated forms, is suffered to pursue an uninterrupted and most dangerous career, to the detriment of the public safety, and the scandal of a great and civilized empire.

That chemists and druggists are permitted to prepare and dispense every description of medicines, and to sell the most deadly poisons, without supervision or controul. They are furthermore in the constant habit of taking upon themselves the task of prescribing for diseases with whose nature it is impossible they can be acquainted.

That the Colleges and corporate institutions which at this time preside over the medical profession, are wholly unequal to the correction of the abuses complained of by medical men. The constitution of these bodies is defective and objectionable in the extreme, they being for the most part governed by self-elected councils, the members of which are irresponsible, and hold their offices for life. Your petitioners would beg to represent, that the members of the profession are, from their station and respectability, entitled to the privileges at least of municipal and parliamentary electors, and should be allowed to have some controul over the management of the institutions to which is committed the protection of their interests.

That the state of medical education is such as to require considerable amendment, there being in the United Kingdom not fewer than nineteen sources from whence are obtained diplomas and licenses to practise—each varying from another in the extent of the education thereby enjoined, and the examination instituted, as well as in the privileges conferred.

Your petitioners have no hesitation in declaring such diversity in the education and examination of candidates for medical practice, to be not only absurd and unnecessary, but injurious to the cause of science, inasmuch as those institutions will ever be most resorted to by students which afford the greatest facilities, as to duration of study and strictness of examination, for obtaining their diplomas or licenses.

Your petitioners, therefore, pray, that your Honourable House will adopt such measures as will confer upon the medical profession a sound and efficient legal constitution, and place it under a system of government based upon such principles as shall protect the interests alike of its members and the public—enforce uniformity of education and examination for all who enter it—prevent illegal practice—and confer uniformity of privilege for practitioners throughout England, Scotland, and Ireland.

And your petitioners, as in duty bound, will ever pray, &c.

## REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

		Max. T.	Min. T.	Barom.	Rain.
Sunday	Jan 19,	52	43	29.216	.170
Monday	20th,	46.5	36	29.580	.090
Tuesday	21st,	51	39	28.928	.185
Wednesday	22d,	46.5	41	29.614	.315
Thursday	23d,	52.5	38	29.400	.045
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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE IV.—CANCEROUS OR MALIGNANT DISEASES.

*Schirrus or carcinoma but a genus of the order of malignant diseases—fungus medullaris and melanosis a second genus—tubercles of the lungs and other parts a third genus—hydatids or vesicular worms a fourth genus—prevailing doctrines respecting their origin—either that they are morbid secretions or depositions from the blood, or that they are true animal fungi, or parasitic beings, which enjoy an independent life and separate existence. The symptoms and phenomena of those diseases satisfactorily explicable on the latter doctrine—facts relating to the texture and production of those foreign morbid growths considered.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—I purpose, in this day's lecture, to call your attention to cancerous complaints, which, according to the views of the illustrious Laennec, are but a genus of the numerous order termed malignant diseases, thus named because they are so little under the influence of any means with which we are at present acquainted, that the unhappy individual upon whom any one of them fastens, may almost consider himself as a victim whose doom is determined. This order of diseases is owing to the production of a foreign substance, not found in the natural organization of the part in which it is engendered, and may consist of growths of a fibrous, cartilaginous, or gelatinous appearance, or of a substance resembling brain in consistence, in general white, but sometimes of a dark or black colour, and finally of cysts containing vesicular worms, some without heads and some with them. But you may find in the same morbid production, a combination of two, three, or more of these foreign substances. The grand question is, how are they produced? are they the effects of morbid secretion? or shall we conclude that these "accidental

productions" possess a proper vitality, and develop themselves by intus-susception, drawing their nourishment from the parts in which they are imbedded by their own innate powers, and increasing or multiplying from the same cause. I am unwilling, in a clinical lecture, which ought to be purely practical, to enter into theoretical discussions, but I shall venture to say, that not one of you would be satisfied without some enquiry into the nature of a class of diseases which destroys, annually, perhaps a moiety of the civilized world. The doctrine respecting them which at present most generally prevails, is that they are morbid secretions, incapable of becoming organised, like healthy depositions, in consequence of unhealthy changes in the mass of blood; but it does not appear to me that this, the prevailing hypothesis respecting these foreign productions, accounts in a satisfactory manner for the phenomena of the diseases they occasion. For instance, on this supposition how can we explain that a cancer commences in a point and acquires its volume by slow and progressive degrees? If it were a morbid secretion, it would not thus always have a minute origin and a gradual increase, but develop itself largely, and, perhaps, at once engage the entire organ assailed. Again—it is acknowledged by those who espouse this opinion, that inflammation has nothing to do with these foreign productions, although they attribute them to the depositions of unhealthy lymph, yet we do not find that lymph, healthy or unhealthy, is ever deposited without its usual precursor or concomitant, inflammation.

Again, although it might be granted that tuberculous or carcinomatous productions might be owing to the deposition of unhealthy lymph, arising from a morbid state of the blood, this theory will not account for the fact, that cancer may arise in the healthiest person, if any part of his frame is subjected to such external violence or continual irritation, as to injure the organization of that part. This is a fact



that must be familiar to every experienced surgeon. Sir Everard Home, for instance, mentions the cases of two healthy young men, one had a cancer in his foot, caused by wearing tight shoes—the other was a sailor and received by a fall a severe injury on the glans penis, which subsequently become cancerous. We meet frequently in hospitals, ulcerated buboes of long continuance at length becoming cancerous, and in this country we every day see the healthiest young men with cancer of the lower lip, on that very spot where they have been in the constant habit of holding their short and heated tobacco pipes. Even a sunburn on the lip of a healthy man, exposed to constant irritation will become cancerous. The same may be said from the irritation of a broken or jagged tooth on the tongue, or even of a pimple on the chin frequently irritated and removed daily by the razor. How will this hypothesis account for the prevalence of cancer in the breasts and uteri of women at that period of life when the catamenia first cease, when they are no longer capable of child bearing, and consequently, when these organs become useless appendages to the female system; and this prevalence occurs at the period of life alluded to from the 40th to the 50th year, in the healthiest woman. But the fact is, that if the disease had *always* a constitutional origin, arising from some vitiated state of the fluids, not at present understood, we should never see operation attended with success. I acknowledge, that it is *not* often attended with success, but that it ever should is a sufficient proof, that cancer is not always a constitutional disease. The only criterion at present, by which surgeons form their judgment of the propriety of operation, hinges upon the state of the lymphatic glands in the neighbourhood of the disease, and upon that of the lungs. If the first are affected, or the other shew signs of being tuberculated, operation is declined. But there *are* indications which point out sufficiently well, when cancer has not a local but a constitutional origin, and therefore, prohibit in such cases any attempt at extirpation. These signs are a delicate sickly appearance, but above all, a peculiarly pale anæmic countenance, inclining rather to a bluish or leaden hue, as if the blood had not been duly oxygenated.

If a person with this description of appearance should apply to me for advice, on account of a cancerous tumour, nothing would induce me to recommend operation, even, although the lymphatic glands in its neighbourhood, were totally free from disease, and the lungs perfectly sound. I should be of the same opinion, even though the tumour in question were attributed to external violence and not to any fault in the patient's constitution. For the accession of any tuberculous or cancerous tumour in a person of this peculiar bluish pale, or leaden colour, would indicate to me, that the disposition to the formation of such tumours was constitutional, and therefore, that any attempt to remove a *single one* by operation, or other means would be fruitless, and only put the patient to unnecessary pain, hurry the impending fatal catastrophe, and bring discredit upon surgery. I have

frequently observed, that in persons of this complexion the usual period of the accession of cancer is anticipated; for instance, I have met with cases of cancer of the uterus in young women of this complexion, from twenty to thirty years of age, and in one case, cancer of both breasts in a child twelve years of age. Two aunts of this girl died of cancer in the breast, and the whole family were remarkable for their anæmic appearance. I have also remarked, that in persons of this complexion assailed by cancer, it always makes an unusually rapid progress, so that I have known instances of women of this appearance die of the disease in four or five months from the time it was first observed. In these persons, it quickly extended from one breast to the other, also into the axillæ, and from thence onwards to the back underneath the scapulae. While on the contrary, in some persons of a healthy appearance, the cancerous tumour would remain for years almost stationary, unattached to the skin or parts underneath. In others, though nearly as chronic, it, however, will become fixed by attachments to the surrounding parts; if situated in the breast, it may become fixed to the ribs and intercostal muscles on the one hand, and to the integuments on the other, the breast at the same time being absorbed, its place is supplied by the carcinomatous substance, which thus becomes a firm and indurated bond of union between the discoloured and superficially ulcerated skin, and the parietes of the chest—thus the disease will remain many years in this state without disturbing much the patient's comforts.

In the advanced stages of cancer, the patient complains in general more of deep seated pains in the limbs than in the breast, which are well accounted for by the deposition of the cancerous substance found in the very cavities of the bones themselves, and of course compressing the nerves in its neighbourhood. [Mr. C. shewed the class various preparations of the carcinomatous substance in the centre of the various long bones, and in the cancellous structure of those of the pelvis which had been prepared by Mr. Smith, from patients who had died with cancer of the breasts.]

The leaden coloured anæmic appearance indicative of the cancerous diathesis is totally different from that which we so frequently see amongst the impoverished inhabitants of this and other cities, but particularly of that wretched part of this city, termed the liberties. The countenance of those people, indicative of extreme want, or of the use of nutriment of the worst description, together with the constant inhalation of a damp vitiated atmosphere is no doubt pale and bloated, with a strong tendency to general dropsy; but this paleness has a lemon and not a leaden-coloured hue, like that which indicates a disposition to carcinomatous disease. Whether the latter arises from some fault in the lungs, by which the blood is not duly oxygenated, and the former from some derangement in the liver, by which the patient acquires this sub-jaundiced appearance, or whether both arise from different morbid states of blood, which improved animal chemistry may one day ascertain, I shall not take upon me now to form an opinion, but leave these facts for future investigation.

Andral mentions a remarkable instance of this anæmic bilious complexion, which he compares to the "colour of wax that had been tinged yellow by the influence of time," which occurred amongst the workmen of a coal mine at Auzain, in whom all traces of bloodvessels had disappeared, and who complained of excessive debility and palpitations, with oppression on the slightest exertion. The recovery of such patients as survived, was attributed to large doses of the filings of iron, which would seem to indicate that the impure air these people breathed, had deprived the iron of the blood of the property of contributing to



the red colour of this fluid, and of fulfilling those other purposes in the animal economy for which it was designed. The same lemon-coloured, pale, bloated visages, with a general dropsical tendency, caused by unwholesome exhalations from the soil, is observable in various parts of volcanic Italy, but particularly in the campagna of Rome, and in the plains surrounding the ruins of Pæstum.

The very same causes which only excite the symptoms of scrofula in the human species, seem to be capable of producing tubercles and hydatids, in the lower animals of the mammalia class. Thus, animals confined in menageries, deprived of exercise, are constantly found to be infested with hydatids and tubercles in their various organs. I have already mentioned in my lecture on scrofula, that swine are subject to a disease called in them the measles, which is owing to numerous hydatids of the *cysto-cercus* species, that is, an hydatid, furnished with a neck, head, and suckers, which infest the muscular flesh and cellular membrane, while they have never been found in the animal in its wild state, when in the full enjoyment of exercise. The dairy cows of Paris, deprived of all exercise, and confined incessantly to sheds, are also infested with both tubercles and hydatids. Sheep fed upon low marshy soils, and in very wet seasons, are particularly liable to hydatids in their brains, and a peculiar animal termed by victuallers, flukes, and by zoologists, *fasciolæ hepaticæ*, which you may see in this liver. [Here Mr. Carmichael shewed a sheep's liver, infested with numbers of those animals, some contained in distinct cartilaginous looking cysts, and others in the biliary ducts, which had become enlarged and thickened.] But we can produce at our pleasure, both tubercles and hydatids in animals, by depriving them of the genial influence of the solar rays, of that exercise so necessary for the due performance of their various functions—by permitting them only to breathe a damp unwholesome atmosphere, and by feeding them on inappropriate indigestible aliment. Jenner and Baron have produced hydatids and tubercles in the course of a few weeks, in the lungs and livers of rabbits, by subjecting them to this treatment, and I, and many others have verified their highly interesting experiments.

Now this chain of facts when coupled with those laid down, relative to the exciting causes of scrofula, are of the deepest importance respecting the origin of both that disease and tuberculous formations. Although I am of opinion, from the several reasons stated in my first lecture, that tubercles, such as we meet with in the lungs, are essentially different in their nature from scrofulous tumours, such as we find in lymphatic glands in the neck and elsewhere, yet, I am perfectly willing to admit, that those who have been subjected to scrofula in early life, are most liable to tuberculous or cancerous formations in adult age.

The various facts, therefore, just adduced, all prove that the very same causes which only occasion scrofula in the human species, induce the formation of hydatids and other parasites, intermingled with tubercles in the inferior animals; hence, we have reason to infer that man possesses a greater conservative power against the production of parasites than the other mammalia, and we find that the inferior animals are very subject to the visitation of more perfectly formed parasites in their solid tissues than man—for instance, the *cysto-cercus* hydatid, furnished with a head, neck, and suckers, so common in brutes has been very seldom found in man, and the *fasciola hepatica* so common in sheep, has never been found in the human liver. The simple *accephalocyst* hydatid, a mere membranous bag, containing a clear fluid invested with its proper cyst, and multiplying by the produc-

tions of minute hydatids on its interior surface, is the parasite most frequently met with in the solid tissues of the human species.

The independent vitality of tuberculous and carcinomatous masses, although constantly found intermingled with hydatids in the bodies of the lower animals, and sometimes in the human frame, has not, I admit, been proved; but this view of their nature, accounts in so satisfactory a manner, for all the symptoms and phenomena of these malignant productions, which is not afforded by any other hypothesis, that I can not but regard it as a fact, although not at present admitting of demonstrative proof. On this theory alone, we can account for cancer being sometimes a mere local disease, arising from these local causes which injure the organization of a part—while at other times, it is so obviously a constitutional malady, that any attempt at extirpation in general, only increases its ravages; for, though we should be successful in removing it from one place, it will make its appearance in another. On this principle we can well conceive why the breasts and uteri of women, just having passed the period of bearing children, should be particularly liable to the production of those parasitic animal fungi, at a time when the structure of those organs must undergo some diminution of vitality, in consequence of their becoming useless appendages to the female system. Andral observes, "there are some entozoa that consist of nothing but a parenchymatous mass, without any perceptible organs." Now, as he does not state what the entozoa are, to which he thus alludes, I presume he could only mean the tuberculous or malignant masses in question. Doctor Farre in his work upon organic diseases of the liver, gives his opinion without hesitation, that a fungous or medullary form of tubercle of that viscus was in possession of a proper vitality, and developed itself by its own innate powers.

Laennec is equally decided respecting the independent vitality of tubercles, and although opposed by Cruveilhier, Majendie, Lombard, Carswell, and others, I am persuaded, that future pathologists will adopt those opinions. Doctor Baron in his work on tuberculated accretions, is obviously another supporter of this doctrine, which I understand, is every day gaining proselytes, but particularly amongst the searching and indefatigable pathologists, and naturalists of Germany, so that I feel in no small degree strengthened in a doctrine which I espoused so long ago as 1806, when the first edition of my essay on cancer made its appearance, and in which I had no predecessor but Dr. Adams, who suggested my theory, though in the details I differed widely from him.

Doctor Carswell, an excellent pathologist, is decidedly opposed to the doctrine of the independent vitality of tuberculous and cancerous masses. He objects that he has found the matter of tubercles in the blood; but, on looking into his work, and admirable delineations of organic diseases, it is obvious, that he only found it in the veins immediately in connexion with medullary or tuberculous masses. Cruveilhier and Velpeau make the same assertion. Now these pathologists no where state that they saw it in arteries, although it is only arteries which could deposit it, but they found it in veins, whose extremities opening upon the substance in question, in its dead and softened state, no doubt absorbed those portions of it seen in the larger trunks; and veins are now universally acknowledged to have the power of absorption. Another argument of Doctor Carswell's, is, that the tuberculous matter, like other deposits, will take the form of the part in which it is found. But to this it may be answered that the same occurrence is observed, when vegetable fungi sprout in narrow and confined places, as in wine



vaults, and will consequently take their form and shape from those *external causes* to which they are exposed, and yet no one doubts but that *they* grow by their own internal powers.

"Tubercles," as I observed at a meeting of the British Association in 1836, "have no connexion by means of vessels with the surrounding tissues in which they are imbedded. This is apparent from the preparations before you; they are commonly found in regular circumscribed masses. They at first, generally before they undergo any transmutation, have the appearance of semi-transparent vesicles; even those that are opaque, on a close examination, I have often found to be hollow; in fact they are thickened vesicles or cysts. But even should they not present the vesicular form, but appear as solid masses without connexion of vessels with the surrounding parts, I do not see why their solidity should be an objection to their possession of an independent vitality. They may continue in this state for months, nay years, without their presence being suspected. As long as they themselves retain life, they do not occasion any stimulus or disturbance in the parts in which they have their nidus, to throw them off; but when they die they act like extraneous bodies (as we know from the facts respecting the guinea-worm) and occasion local inflammation and general disturbance of the system. They soften afterwards, and if situated in the lungs may be expectorated, and the expectorated matter, as was proved long ago by Stark, is neither pus nor mucus, but is the substance of the dead and softened tubercle.

The present prevailing doctrine concerning tubercles, viz., that they are lifeless masses of unhealthy or vitiated coagulable lymph, incapable of becoming organised, is contrary to the laws which govern animal bodies. No lifeless mass can remain in the tissue of a living body without exciting inflammation and suppuration, by which it may be expelled. Besides, the hypothesis is overstrained. Who ever saw coagulable lymph deposited in the form of semi-transparent grey vesicles, or even in these regular compact masses like grains of shot, which we see in the preparations before us, and in which no vessels appear, although all the surrounding tissues are red with injection; and who ever witnessed depositions of lymph first softening and then changing into calcareous masses? But in this, the last transmutation of tubercle, we must be struck with the close resemblance which it bears to the acknowledged animal, hydatid."

Large masses of tuberculous matter, which either commence in the hydatid form, or in that of the medullary tubercle, are found occasionally in the abdomen of such a bulk as to compress the viscera, and thus occasion death. They have been termed by Dr. Baron tuberculated accretions, of which, from my own experience, as well as that of others, I adduced several remarkable instances in the paper to which I have just alluded, one of which is so striking that I cannot refrain from calling your attention to it—it is the case of a lady supposed to be pregnant until the time of parturition had passed. On examination after death we found globular masses, varying from the size of a pea to that of a large orange, each filled with gelatinous fluid or substance which compressed all the viscera. When these masses were removed, the enormous growth may be estimated, when I assure my hearers that a large washing tub was nearly filled by them. How life could be preserved during the accumulation of such a mass, which seemed only to occasion death by its pressure on the surrounding viscera, surprised us not a little.

In Cruveilhier's *Anatomie Pathologique*, pl. 1 & 2 of his 19th livraison, are delineated an accumulation of *acephalocyste hydatids* in the abdomen, attached to the spleen, liver, omentum, and peritoneum, which precisely resembled those found in the case to which I have just alluded.

The next form of malignant disease to which I shall call your attention, is fungus medullaris, which is also designated by other names, as fungus hema-

todes, medullary sarcoma, cephaloma, cerebriform, or soft cancer, and fungoid, or spungoid disease; and I should think that this is the disease which Pott met with in the inferior extremity of a patient, and not knowing what name to give it, called it a "strangely distempered mass." There is also a similar structure, but of a dark or black colour, termed, therefore, melanosis, which we may consider under the same genus, particularly as nodules of the black medullary substance or melanosis are frequently found interspersed here and there through a mass of the white medullary fungus which may always be considered a constitutional malady; for, although recourse has been repeatedly had to operation, there is scarcely an instance on record of permanent success from this measure. The disease may, indeed, be removed from the part operated upon, but is almost certain to re-appear afterwards in another. In two instances, in which I removed testes affected with the disease, I began to congratulate myself that there would be no return; but, in both cases, after suffering much ill-health, the patients discovered tumours in the cavity of the abdomen, obviously of the same character; but in neither had I an opportunity of making any post-mortem examination.

Mr. Wardrop, in his essay on fungus medullaris of the eye, states that out of seventeen cases operated upon, by the removal of the affected organ, in one instance only the patient survived ten months.

In the 8th volume of the *Medico-Chirurgical Transactions*, are several cases of this disease detailed by Mr. Langstaff, exemplifying the universality of its attacks upon almost every organ of the body. In the second edition of my work upon cancer, published in 1809, is an account of the same disease in a gentleman who had those fungous tumours on his arms, legs, and testes; in fact, there was scarcely any part of the surface of his body unassailed. There was, however, no post-mortem examination to ascertain to what extent the internal organs were affected.

The morbid mass, as its name implies, resembles the brain, particularly of young children, both in colour and consistence—sometimes it is of a brownish red, and when black, as you see in these preparations of the liver, and in these admirable drawings taken from patients who died in this institution, it is termed melanosis. It is divided into lobes by membranous intersections, and when taken out of the body its form is determined by a cyst or a distinct covering of condensed cellular membrane, in which respect it differs materially from scirrhous carcinoma. This morbid growth, which is medullary from its very commencement, may acquire a much larger bulk than any of the other malignant forms of disease, of which I have seen several instances, and you may read of many such in the works of Abernethy, Gooch, and others, in which are accounts of masses of this foreign substance, even rivalling in bulk the abdominal tuberculated accretion I have described. It is not always of the same consistence, for it is at first firmer than a healthy brain—afterwards it softens into a semi-fluid state, in which it is frequently mistaken for abscess, and an opening made into it; a mistake which is severely visited upon the character of the surgeon, for the bleeding fungus which succeeds, and the entire train of evils which belong to the disease, is attributed to this unlucky mistake; therefore, be on your guard. *This medullary fungus is like pulmonary tubercles impervious to injection, and like them first softens in the centre.* Its cyst is a mere condensation of the surrounding cellular tissue, and the same observation applies to the membranous septa which divide the mass into separate compartments. This may be understood by considering a large tumour of the description in question, as composed of smaller ones congregated and



compressed together, each thus contained in its proper cyst. In melanotic masses, Breschet could only force his injections into this investing cyst with its membranous intersections. In the masses themselves he could find neither vessel, nerve, or fibre. With respect to the cause of the black colour in those masses, we only know that it depends upon a large quantity of carbon: for in Foy's Analysis, out of 100 parts, a principle eminently carbonized, was found in the proportion of 31 and a fraction.

But it is not a little surprising how extensively fungus medullaris may affect the liver, lungs, and other organs without being productive of much disturbance to the constitution, or any symptoms which might lead to a suspicion of its presence. I have seen the liver frequently studded with those medullary masses, and yet the patient had never complained of pain in the region of that organ, nor were its functions materially disturbed, a circumstance quite analogous to that which is observed in sheep, whose livers are extensively infested with fasciolæ hepaticæ, and, notwithstanding, the animal will appear in good health and condition. This can only continue until so much of the organ is encroached upon by those parasites, that a sufficiency does not remain for the secretion of bile; general ill-health, and an extension of disease to other organs must consequently, sooner or later, ensue with the usual fatal result.

Fungus medullaris is a malady which may occur at any period of life, but is, perhaps, more frequently met with before the age of puberty. The external appearance of the tumour is smooth and equal, in general with enlarged veins coasting along its surface—its progress, though arising from some constitutional fault is, however, often very slow. At length when the integuments become red, and ulceration follows, all resistance being removed, its increase is greatly accelerated; thus when it commences in the antrum highmorianum, or in the interior of the eye, and the compression of the bones in the one case, and of the sclerotic coat in the other is removed, it increases with a frightful rapidity.

There are some peculiar appearances which this disease displays when it attacks the eyes, for although you may be unable to cure it, your professional character would indubitably suffer were you not competent to detect the disease at its first commencement. The pupil in this stage is widely dilated and immoveable. The bottom of the eye presents a dark amber or greenish colour. This appearance, by degrees, approaches the pupil as the disease advances. The form of the eye-ball alters—the sclerotic coat acquires an irregular knobbed appearance, and assumes a livid hue—the cornea ulcerates, and the fungus protrudes. After this the malady makes a rapid progress, and there is no relief except in the death of the patient.

I need not speak to you on the subject of medical treatment, for, as yet, no means have been discovered capable of averting the progress of this most inveterate form of the malady.

[Mr. Carmichael here displayed a variety of drawings and preparations illustrative of the disease.]

I shall now proceed to offer a few observations on cancer, which is also named schirrhus, scirrhus, and carcinoma. All these terms, however, are meant to designate the same morbid structure. Some of the older authors, indeed, confine the term scirrhus to the disease before, and the term cancer or carcinoma, after ulceration. The cancerous structure has, in all its varieties, a considerable degree of density, or hardness, and is compared, in the different appearances it presents, to cartilage, to the mammary gland, to the pancreas, and, lastly, to the flesh of swine;

and from these resemblances it has been termed cartilaginous, mammary, pancreatic, and lardaceous. But you will often find these different appearances in the same cancerous mass, intermingled more or less with a considerable proportion of the medullary or brain-like fungus. In making a section of a cancerous tumour, and pressing it forcibly in your hand, you will find, in almost every instance, that medullary matter will be forced out in distinct spots on the surface of the section thus made, indicating that it is contained and encircled in the firmer cartilaginous substance of the cancerous mass. This foreign production, whether in the first instance medullary or cartilaginous, begins in a point, and extends from thence like radii from a centre; so that, without being contained in a cyst, it penetrates the neighbouring tissues, extending in that direction where it meets with least resistance. Without the advantage of accurate microscopic observation into the structure of this foreign morbid growth at the very commencement, the difficulty of obtaining which is obvious, we can not say, with any degree of certainty, whether the medullary or cartilaginous substance is the first production. But if it be granted that cancer is an animal fungus, possessed of independent vitality, I should, from analogy with the other entozoa, conclude that the medullary substance is the primary formation, and the true parasite as all agree that it does not admit of being injected; but there is much difference of opinion respecting the admission of injection into the more firm cartilaginous substance, which forms intersections of the carcinomatous mass, and it in consequence exhibits an appearance that has been aptly compared to the section of a radish. Scarpa could not inject this structure, although the injection passed freely into all the surrounding tissues—others have tried it with as little success. I have often attempted it, but in vain; for, although the arterial trunks or branches will admit the injection, yet none will pass into the capillary system; and we know that a cancerous texture, as we often see in the neck, will envelope the arteries in its growth, without injury to their structure; therefore, the passage of the injection into arteries of a large size, contained in a carcinomatous mass, affords no proof of our having injected the latter. If, however, we slice with a knife this morbid structure in a living person, an oozing of blood will follow, which would evince that there is in it a minimum degree of circulation of red blood. This circulation, for the reasons just stated, I should suppose is limited to the scirrhus substance, as no injection, however minute, can be forced into the cerebriform, when uncombined with the scirrhus structure. Slices of those malignant masses, taken from living animals before softening or decomposition occurs, and submitted to microscopic observation, might afford considerable information relative to their intimate structure and true nature. If it is found that the medullary substance is the primary formation, not admitting of injection, and that the scirrhus is secondary, possessing the lowest degree of circulation, it may be presumed that the latter substance, under the views I have taken, is formed by the surrounding tissues to insulate this foreign growth, and is therefore analogous to the cysts which contain hydatids in the fasciolæ hepaticæ in sheep and other animals.

Another circumstance worthy of notice in cancerous masses is the frequent occurrence of cysts containing a serous fluid, which, when punctured immediately after operation, while still warm, will spurt out their contents with such force as to evince considerable contractile powers in the structure of those cysts of which I stated two remarkable instances at page 222 of the 2d edition of my work upon cancer.



The formation of cells or cysts in these malignant structures is so general that Mr. Abernethy has from this circumstance named one of them under the term of cystic sarcoma. This disease is not, however, to be confounded with a diseased structure full of cells, which is not of a malignant character, and is frequently found to engage the testicle.

It is a curious fact, and one which tends to support the opinions I have suggested respecting the nature of cancer, that simple hydatids will occasion all the symptoms of this disease—thus, Sir Everard Home details in his work upon cancer, two cases of hydatids in the breast, the symptoms of which exactly resembled those of cancerous tumours, although their coats were thin and membranous, and contained only a thin serous fluid. So analogous were the symptoms to those of cancer, that extirpation was practised—and in one of them the most experienced surgeon of his day, Mr. Cline, assisted. Dr. Hamilton, of Newcastle-on-Tyne, in his work on cancer, mentions another instance in which the tumour at the time of operation was as large as an egg. Upon cutting it asunder to examine its structure, he observes, it was found to consist of several coats, with a fluid between them, and adhering to each other in different places, the external of which was of a callous hardness, more than one-eighth of an inch in thickness. This was obviously the cyst: the rest was neither so hard nor so thick as this, and within the innermost there was near an ounce of lymphatic liquor. It appears from the sequel of the statement, that another tumour formed on the scar after extirpation, and that the patient finally died of the disease. From these unquestionable facts, we see either how nearly cancer approaches to the hydatid form and character, or else that hydatids produce the very same symptoms as cancer, and may be attended with the same unfortunate termination.

According to the analysis of the carcinomatous substance by Lobstein, 72 grains contained—

Albumen,	:	.	.	2 grains
Gelatine,	.	.	.	20
Fibrine,	.	.	.	20
Fluid fatty matter,	.	.	.	10
Water,	.	.	.	20

—  
72

This drawing<sup>g</sup> of Cruveilhier's 27th livraison, affords an admirable illustration of the manner in which carcinoma extends and multiplies itself into the neighbouring parts. You see these numerous tubercles not larger than peas scattered through the skin, cellular membrane, and pectoral muscle, and even extending to the muscles of the abdomen. They are small, round, and compact, and all arising from this carcinomatous substance in the right breast. From this you may judge of the uncertainty of any surgical operation for the removal of a malignant tumour; for though these small tubercles are now visible, yet, at their first production they probably could not be discovered without the aid of a powerful microscope. So numerous are they, that Cruveilhier observes he has met them by millions, (*par milliers*) emanating from a carcinomatous structure, and yet if but one is left behind after operation, it is the embryo of another cancer.

My next lecture on malignant diseases shall be more practical—that is, I shall enter more particularly into a consideration of the symptoms, diagnosis, and treatment of those maladies. But, without having communicated some previous knowledge of their structure, and of the opinions which at present prevail relative to their nature, I should find it difficult to make myself understood when treating on those subjects.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### CASE OF FUNIS PRESENTATION—DELIVERY BY THE FORCEPS, OF A LIVING CHILD.

TO THE EDITORS OF THE MEDICAL PRESS.

Kilmacow, December 28, 1839.

GENTLEMEN,—As the columns of the MEDICAL PRESS have been, *ab initio*, devoted to the interests of the profession, I take the liberty of submitting for insertion the following case, should it not exclude any subject of more importance. My object in so doing, is to point out, particularly to junior practitioners in midwifery, the very great caution necessary to be observed in the use of the crotchet.

I have the honor to be, gentlemen, your most obedient servant,

ALEXANDER CULLENAN,

Medical Attendant to the Kilmacow Dispensary.

About four o'clock on the morning of the 21st ult., I was called to attend a woman at Besborough, who was four days in labour of her first child. When I arrived there, the midwife, a very intelligent woman, told me she had good labour, at intervals, during that period, until the night before, when it entirely subsided. On examination, I found part of the funis in the vagina; it was *quite flaccid and without any perceptible pulsation*. I, of course, concluded that the child was dead, and this opinion was corroborated by repeated examinations subsequently. The head of the child was low down in the pelvis, and slightly pressing on the perineum. I gave her one scruple of ergot of rye in substance, which brought on very strong labour in less than a quarter of an hour; the pains continued, at intervals of about four minutes, for nearly an hour and a half, when she began to complain of exhaustion; her pulse, before quick and full, now became extremely rapid and small; respiration hurried; and her countenance, from a florid, began to assume a livid hue.

Under these circumstances, I felt the necessity of immediate delivery: and the most scrupulous person could not have the slightest hesitation in opening the head—one of the positive proofs, as laid down, of the death of the child existing. I took the perforator in my hand, and was just going to operate, when it occurred to me that perhaps I might deliver more quickly with the forceps: this I applied with some difficulty, and, in a few minutes, brought down the head, when, to my surprise, which, indeed, was very great, but no less agreeable, I saw a convulsive motion of the limbs, and, in a short time after, heard a slight effort at respiration. Having finished the delivery as quickly as possible, I divided my attention between the mother and child—got the latter into a warm bath, inflated the lungs, and persevered in the other usual means for about half an hour, when life was perfectly established in one of the largest and finest male infants I ever saw. Very shortly after the delivery of the child, I concluded, from an external examination, that there was either an hour glass or longitudinal contraction of the uterus, which prognosis I afterwards found to be correct. After having waited a considerable time, without any uterine action taking place, or advance of the placenta, I thought it prudent to bring it away. There was a longitudinal contraction of the uterus, almost insurmountable at the cervix, the placenta adhering firmly to the fundus. Having brought it down, I allowed it to remain in the vagina for about half an hour: on attempting carefully to remove it, a sudden hæmorrhage took place—this occurred twice after-



wards; but, by giving draughts of cold water, tightening the bandage, and keeping up pressure with the hands over the uterus for some time, it was effectually restrained. In a short time, I left the mother and child as well as possibly could be expected.

### CHARLEVILLE DISPENSARY AND FEVER HOSPITAL.

REPORT FOR THE YEAR 1839.

The number of cases attended from the dispensary during the year, has been much greater than in any former years, that we had the means of ascertaining; and as during the last twelve months, we have regularly marked the number of visits paid, and the distances beyond a mile, which we travelled, we can give all with considerable accuracy:—

No. of cases,	No. of visits,	No. of miles,
3158	1030	1240
The diseases treated were as follows; generalizing a great deal of course—and making them more intelligible by using popular expressions, and avoiding technicalities:		
Fever, including ague,	-	253
Chest complaints, including coughs, asthma, and consumption,	-	404
Bowel complaints, including colic, &c.	-	397
Skin diseases,	-	305
Rheumatism	-	178
Head affections, including apoplexy,	-	42
Eruptive fevers, including small-pox, measles, and scarlatina,	-	98
Serofula and rickets,	-	36
Dislocations and fractures,	-	28
Worms, including gastric fevers,	-	108
Dropsies,	-	50
Diseases of the heart,	-	9
Liver complaints, including jaundice.	-	42
Cholera, fourteen cases of which were Asiatic,	-	26
Diseases peculiar to females.	-	93
Indigestion, including inflammation of the stomach,	-	540
Diseases of the eye,	-	79
Wounds,	-	65
Ulcers, tumours, carbuncles, and cancers,	-	160
Difficult labours,	-	38
Vaccinated,	-	118
Cases not referrible to any of the above classes,	-	89
Total,	-	3158

The cases of indigestion, are the most numerous, which we ascribe to the bad food, and the almost total inability to vary it for a more proper diet, while labouring under the first attacks of the complaint. We have observed that those whose diet was the white potatoe, more frequently suffered than others; as that species is less digestible, and contains in a given quantity, less nutriment.

Fever has been epidemic this year, and of a very bad type. The severity of chest affections has also been very great—both ascribable to the same cause—the long continued wetness of the season. Skin diseases have also been kept up, and aggravated by the dampness of the residences.

We had been called to a great many labour cases, at all hours, in many of which we could be spared the journeys, if the subscribers would only have the kindness to make a little more enquiry before they give tickets, as in a very few instances were we obliged to use instruments.

The fever hospital has proved of the greatest benefit this year; for the last six months, it has been as full as our funds, or the accommodation as yet provided in the way of beds and bed-clothes would allow. The type of the fever was very bad, and few of the cases were without the symptoms which distinguish putrescency. The deaths were 16, at the rate of 5 per cent, which is not a great mortality, if we take

into consideration the advanced period of the disease when, and the distances from which the patients were brought to hospital; also the bad type of the epidemic. One of the deaths occurred in a child in small-pox—another in a woman who was brought a distance of more than eleven miles, in a state of collapse, from which she never rallied, and died next day. It seems she was exposed under the air for two nights; this would, at this inclement season, be enough to cause her death. Another woman, also brought from a considerable distance, died in the hall of the hospital, immediately on being brought in. We cannot too much discourage bringing patients such long journeys, and in so advanced a period of the disease. Among the cases of extraordinary recovery, we may mention Hartigan, an old man; Kennelly, in hospital at present, in whom during and subsequent to the fever extensive patches of mortification existed; and who, in all human probability, would never have recovered, were it not for the hospital. The numbers admitted were 303—discharged cured, 273—died 16—at present in hospital 14.

In the surgical department, we have to mention one case of fracture of the thigh bone; also one of the fibula; two of the jaw bone—two steatomatous tumours were removed. All these cases did well. Many cases, both medical and surgical, occur, that would require removal to the county infirmary, at Mallow, and we would suggest that a subscription be paid by our secretary, from the dispensary funds, to enable us to do so.

We have to request that some rule may be made, or the old one acted on, which will define the limits to which our visits are to extend; as we have been sent about without any mercy—in many cases 6 or 7 miles—having, during the last year journeyed over 1240 miles, (not including visits within a mile,) and, in many cases, where the patients were able to come to the dispensary.

We have to complain that a respectable class of farmers are recommended by subscribers, who ought well to know that dispensaries are only intended for the destitute; among these were persons possessed of 25, 30, and even 60 acres of land.

We could give a very long list of such persons; but we hope the hint will suffice to convince subscribers of the injustice of recommending, as dispensary patients, the very class of people from whom medical men have any chance of private practice, in a neighbourhood where there are so few resident gentry. The apothecary, too, is deprived of the sale of his medicines, which are taken from the paupers for whose use they were intended.

The excitement and illwill, produced by the last election, for medical officers, extended even to the paupers who were very profuse in abuse and threats, if not indulged in the most unreasonable demands: one man even attempted to offer violence—but he has been punished.

In conclusion, we beg to assure the subscribers, that we have endeavoured, as far as in our power, to discharge all and every duty imposed on us, with zeal and a conscientious determination to act with rectitude and humanity towards the sick poor.

JOHN LYNCH, M.B., A.B.  
JAMES J. SULLIVAN, M.D., Surgeon.

After the secretary read the above report an unanimous vote of thanks was given to Drs. Lynch and Sullivan for the able and efficient discharge of their duties.

The preceding report while it is creditable to the gentlemen who furnish it, and ample evidence of their



industry and zeal in the discharge of their duty, affords a melancholy example of the oppressive, unjust, and we will venture to say, illegal operation of the dispensary system. The practice so generally pursued, of compelling the medical attendants of the public charities, to attend persons, not being paupers, and levying money off the county to pay for medicines furnished them, is a downright imposition, and a deplorable proof of the unsound state of society in this country. What will our readers on the other side of the channel think, when they are told that a gentleman subscribing one shabby guinea to a medical charity, is in the habit of ordering the medical attendant of that charity to go five or six miles to visit a patient, who holds perhaps fifty acres of ground, and to supply that patient with medicines provided at the public expense. But still worse than this—the same munificent subscriber of one guinea, will order this medical attendant of a public charity to come a similar distance to his own mansion to visit his domestic servants, and will oblige him to furnish the medicines for their use. Let us not be told of the grievances of the English poor-house system, in comparison with those of our dispensary laws, which while they serve to degrade, oppress, and defraud the members of our profession, at the same time disgrace and demoralize the whole population. Had Mr. French's Medical Charities' bill passed, we should now be in possession of a remedy for these evils, but it was not of such things the corporation and hospital jobbers of Dublin were thinking, when they resorted to the most infamous means to prevent the acquisition of that most desirable object. How many of our dispensary physicians and surgeons suppose that they have no personal interest in the promotion of medical reform, and yet here is a practical proof of the operation of the present vicious system to their immediate prejudice. Had the profession at large possession of the power and resources usurped to no purpose by the miserable monopolizing minorities, who hold unlawful possession of the medical corporations, what a different tale should we have to tell.

#### SUPPLY OF WATER TO THE WORKHOUSE OF THE NORTH DUBLIN UNION.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—The interest you have so often and so warmly expressed, in the MEDICAL PRESS, respecting every thing calculated to improve our medical police, and the public health, leads me to expect that you will readily give publicity to the enclosed letter, addressed to the Guardians of the Poor of the North Dublin Union, with the hope of effecting, through them, an improvement most important to the health of probably 2,000 persons, who will shortly be placed under their superintendence.

I am, Gentlemen,

Your most obedient servant.

J. MACDONNELL.

4, Gardiner's Row, January 25, 1840.

TO THE GUARDIANS OF THE POOR OF THE NORTH DUBLIN UNION.

GENTLEMEN,—The fact of your having been elected, by your fellow citizens, to the responsible and honorable office of superintending the poor of our extensive and populous union, gives me, I think, good reason to anticipate that you will receive with favor, and read with attention, a communication intended to furnish you with valuable information, which I am not aware that you are likely to receive from any other quarter: and that you will use your best endeavours to procure the removal of the evil I have to complain of, and which, if unremoved, will be seriously pre-

judicial to the health of the thousands of our destitute poor, now shortly to be committed to your care, for the supply of the necessities of life and health.

The evil to which I allude is the very bad quality of the water at present supplied to the House of Industry. Addressing men of intelligence, I need not enter into any lengthened disquisition to prove that water, nearly stagnant, corrupting over, and dissolving considerable quantities of putrefying animal and vegetable matter, must be unwholesome for drink and for use in the kitchen. Every man has an instinctive persuasion of the truth of this proposition. In the present instance, I shall rely upon your persuasion of its truth, admitting, that if I were called upon for rigid proof of it, I should find it difficult to produce such. By the aid of governments, alone, could medical men conduct experiments, on a scale sufficiently great, to place the truth, on this point, beyond the reach of cavil. But, I think, you will regard the circumstance, that this has not been done, rather as a reason for condemning the governments of civilized countries for culpable neglect of a matter so important to the public health, as the comparative wholesomeness of different kinds of water, than as a reason to question the justness of the instinctive persuasion on which I mean to build. One fact I may mention, that, of the numerous springs celebrated for their salubrious qualities, there are some, amongst which I may instance those of Malvern, in Worcestershire, that owe their virtues to no other assignable cause, than the remarkable pureness of their waters. Another fact, which is, no doubt, known to you all, I must allude to and explain, because it seems to militate against me. The water of the Thames taken up at London, at low water, is excellent for sea store: but it does not acquire this excellence till it has, so to say, purged itself of the impurities with which it could not fail to be contaminated at London. A month or six weeks after being put into cask, it becomes black and extremely offensive—carburetted or sulphuretted hydrogen gas is extricated from it,—and, on being racked off, it deposits a copious black slime, and thus becomes as clear as crystal, and remarkably sweet, and wholesome.

The water for the supply of the House of Industry is drawn from the harbour of the Royal Canal, between the Queen's Inns and the House of Industry. I shall point out to you the chief causes of the impurity of this water, under the following heads:—

1. Drainage from the quay of the harbour. 2. Offal, &c., produced by the inhabitants of the canal boats. 3. Bilge water. 4. Exportation of manure: and—5. Stagnancy of the water of the basin.

The basin is about 143 paces long, with a breadth of 36 paces in one third of its length, 38 paces in a second third, and 50 in the remaining third. Its depth is from ten to twelve feet.

1. From the front and one end of the stores, a quay, of considerable extent, slopes to the basin. The chief business of the place is transacted here, and the drainings of whatever dirt accumulates from the dung and urine of horses, &c., fall, at the next shower, into the basin.

2. There are now in the harbour eighteen boats. Thirteen is about the average number. Each contains three men, who live in the boat. Thirty-nine men must produce much animal and vegetable refuse, which will find its way into the water. They are provided with no necessary, and though I have seldom seen proof that they make the basin serve in place of one, it must often happen that they make water into it, if they do not sometimes put it to a baser use.

3. A great quantity of bilge-water is pumped from the boats into the basin. This is usually only dirty water, but it has often and often happened to me, passing



along the basin, while the operation of pumping was going on, to find the whole area of the harbour filled with an insupportable stench, caused by the rottenness of the bilge-water. The empty boats are pumped about once a week. Those that are laden, from one to two or three times daily.

4. Considerable quantities of manure (sweepings of the streets—stable and dairy dung—sometimes manure, the horrid smell of which tells that it comes from the slaughter-house,) are exported from hence by canal boats to great distances. There is a dunghill at this moment on the bank of the harbour belonging to a gentleman who lives near Mullingar. This manure is shoveled or wheelbarrowed into the boats, and a per centage falls into and pollutes the water.

5. The water of the basin is almost a stagnant pool. It communicates with the Royal Canal, in which there is a current, by means of a branch about a quarter of a mile long. It may be said, nearly with truth, that the only flow from it is occasioned by the demand upon the House of Industry tank. There is a sluice which is scarcely ever used. I have passed it some thousands of times within the last four years, and am sure I have not seen it open a dozen times.

A year and a half ago, I saw the basin emptied for the purpose of cleaning it. It is not possible, by description, to convey an adequate idea of the abominable compost, from one to two feet deep, that formed the bottom of it. Gay's Cloacina might, without regret, have deserted Fleet Ditch to wallow in its more congenial filth.

From a reservoir, supplied from this polluted source, the description of which makes one's gorge rise, the water for the use of the House of Industry is drawn, without any attempt at filtration. It is conducted through a grating, the bars of which are close enough to prevent the intrusion of dead cats and rats, into tanks concealed in the bank, between the basin and door of the garden of the House of Industry. Here it deposits the coarser dirt suspended in it, and is thence drawn off, by a tube with holes large enough to admit the finger, for immediate use.

The supply of water for the workhouse should be taken from the canal itself, in which there is a constant flow of water, and at the highest convenient level—that is, immediately above the Lock, number 6, a little beyond the Glasnevin road. Taken at this level, it could be led by pipes into every ward of the workhouse, without forcing pump or manual labour, for ordinary use. A part should be submitted to some simple filtering process, easy to imagine, to make it still fitter for culinary uses and for drink.

It was my intention to have taken this opportunity to invite the attention of Mr. Nicholls and Mr. Hall, of the Governors of the Richmond Lunatic Asylum, and the Board of Superintendence of the Grangegorman Penitentiary, to the incidental advantages that would accrue from the adoption of my proposal, to the Hospitals of the House of Industry, the Lunatic Asylum, and the Penitentiary—all of which take their water from the House of Industry tank; but my letter has already run to a much greater length than I anticipated when I took up my pen, and I must, therefore, find other means to bring the subject under their consideration.

The water for the use of a large part of the north side of Dublin, is seriously injured, by being drawn into the Blessington-street basin, from the branch of communication between the Royal Canal and Canal Harbour, at a point in the vicinity of the latter.

I have the honour to be, gentlemen, your most obedient servant,

J. MACDONNELL, M.D.,

One of the Surgeons of the House of Industry and Richmond Hospital.

4, Gardiner's Row, January 25, 1840.

## CORONER'S INQUESTS.

TO THE EDITORS OF THE MEDICAL PRESS.

Woodville, Abbeyleix, January 28.

GENTLEMEN,—Having felt aggrieved by the conduct of Dr. Doxey, a medical man in this neighbourhood, for being, in his capacity of magistrate, instrumental in having coroners' orders of mine reduced, I arraigned him in your Journal, at the bar of medical opinion; but he, not pleasing to be tried by his peers, moved the venue from the Medical to the Leinster press, and published a letter, in which he vindicates the active part he took on that occasion, by making it altogether a matter of conscience, and considering that he is, by his own admission, pretty extensive in the farming line, with a county cess pressing heavily on him, he acts, we must all allow, most prudently. When, however, the time comes that I fall into the sear and yellow leaf—when I cease following the laborious duties of a country practitioner, and mayhap retire into the "*otium cum dignitate*" of the magistracy, then, most assuredly, I'll not think it my conscientious duty (even should I change my lancet into a ploughshare,) to curtail the fee of him who may be toiling in the same path in which I toiled myself.

I would beg the learned doctor's attention for a little, until I argue the question with him:—first, as to whether he had any legal right to reduce a coroner's order: and, secondly, if he had, whether it was wise or proper for him to do so.

In deciding the legal question, I would ask him to open the statutes, if he has them, and look at the 6th and 7th of William the Fourth, 116 chap., 99th section, and consider it with that acuteness of intellect he so pre-eminently possesses, and, I think, he will agree with me in opinion, that neither magistrate or rate-payer has any power of reducing a coroner's order—they may or may not approve of it, but they must either reject it altogether, or let it pass as it comes from the hands of the coroner; and the legislature acted wisely in making this provision, it gives the power of stopping any order that might be fictitious or unnecessary, but it does not leave the power of making invidious distinctions.

Having thus brought the medico-magistrate's attention to the legal question, I would ask him calmly and dispassionately to investigate the subject on its merits. The learned doctor, in common with many of the gentry and rate-payers of the county, does not understand why a higher fee should be given for visiting the dead than the living, and, at a first view, it appears to be a very natural assumption; but let us look to the relative duties between a visit to the living and the dead. We visit the country squire in his drawing room, or at his comfortable bed-side—we feel his pulse—ask certain questions—write our prescriptions—receive our fee—perhaps talk over the topics of the day, (*at which the doctor affects a sneer*; but I can tell him, wiser men and better practitioners than ever he was, made use of such adventitious aid, and in some light and trifling chat, detected the latent disease that might otherwise have passed unnoticed and unremedied,) all this being done, we take our leave—this is the sunshine of the profession. Let us now reverse the picture—we attend an inquest at the summons of the coroner, generally in some smoky, filthy cabin—we are called on to give evidence as to the cause of death—it may be necessary to seek in the putrifying intestines for the hidden poison, that we may supply such evidence as would bring conviction on the murderer—we may have to trace the assassin's bullet through the chest, or to examine the inmost parts of the brain to enable us to decide whether the death was the result of disease, or the effects of the bludgeon, or the stone. These are no light duties,



nor should the public undervalue them; but they do not even end here; on the medical witness, and often on him alone, rests the heavy responsibility whether guilt is to be punished, or innocence protected—the day of trial will come, and on its result may depend, in a great measure, the peace and tranquillity of the county—crown lawyers are fee'd—considerable expense gone to—the cheap working medical witness (he who some economising rate-payer has reduced to the very minimum of remuneration,) appears on the table, and the prosecution becomes a failure, because the cheapened witness may not have that anatomical knowledge, that experience in morbid anatomy, to enable him to stand the searching cross examination; and then the country gentlemen will regret that they countenanced that economy which has driven every respectable practitioner from attending or giving evidence at coroner's inquests.

I have little more to say to the learned doctor's letter: I am sure, on reflection, he will see that the duties of a magistrate should embrace everything that conduces to the well ordering of society—the just and firm administration of the laws; and that it is not the office of either magistrates or cess-payers to hold a court of inquiry—as to how many miles the medical man may have travelled to an inquest—whether he has opened one cavity or two, or whether he has made a post-mortem examination or not. I maintain that in every case the medical witness ought to make that examination, and, without doing so, be is unable to give evidence as to the cause of death.

In conclusion, I must thank the learned doctor for the good opinion he has been pleased to express of my medical skill, and abilities as a tactician; coming from such a quarter, expression of approbation must be doubly felt and gratefully remembered.

Believe me, gentlemen, your obedient servant,  
W. BOXWELL, M.D.

TO THE EDITORS OF THE MEDICAL PRESS.

Rathdowney, 16th January, 1840.

GENTLEMEN,—Permit me to add another instance to the many already detailed in your Journal, wherein the laws regulating inquisitions, have been not only ignorantly violated, but the feelings of the medical attendant grossly outraged. I do so in the hope that by proclaiming our grievances through so fearless and parental a guardian of our rights, you may yet succeed in rescuing us from similar visitations.

Nearly twelve months ago, I was summoned by a constable of police to inspect and examine the body of a young girl who had died unexpectedly at dinner. Some time after, on a fair day of this town, I was again required to appear before, and give evidence touching her death to two magistrates who sat in inquisition thereon, and who had previously, but in total ignorance of their duty, sworn in and empanelled a jury of twelve men, with all the formality of a judge of assize or sworn coroner, to try the issue.

Shortly after this a similar investigation was held by the same gentlemen, in the same room, with another surgeon, and in the same way, too, with sworn jury, and, as before, not *super visum corporis*.

Previous to the sitting of the ensuing presentment sessions, where all such orders are obliged to be submitted for approval, I waited on these gentlemen, and was somewhat surprised at receiving from them an order but for one guinea, which, reckoning a day for going to, and attending said sessions to get it passed, you may perceive I would be losing four days in earning. My surprise was not lessened on learning they gave the other gentleman an order for three pounds, which, on consultation, as striking too great

a difference in juxtaposition with mine, was afterwards reduced to two.

In conclusion, I beg to add, I see no alternative in this peculiar county for its medical men to adopt than that of absenting themselves altogether from every inquisition, as I myself have latterly done, until the legislature is pleased to protect us in the exercise of our calling from such disreputable collisions.

I am, Gentlemen, yours truly,  
K. DELANY, M.R.C.S.L.

## REVIEWS AND NOTICES OF BOOKS.

THE MODERN TREATMENT OF SYPHILITIC DISEASES, both Primary and Secondary: comprising an Account of the New Remedies, with Numerous Formulæ for their Preparation, and Mode of Administration. By LANGSTON PARKER, Lecturer on Anatomy and Physiology in the Birmingham Royal School of Medicine and Surgery, &c. &c. London. 1839.

The fairest and best mode, perhaps, of introducing Mr. Parker's excellent little work to our readers, will be to let him speak for himself in the following extract:—

"Usefulness, and not originality, has been the great object I have consulted in composing the present work. It contains little, and I believe no theoretical matter, except perhaps the account of Mons. Ricord's researches "On Inoculation," in reference to Syphilis. I originally intended, and to the best of my ability I have carried out my intention, that it should contain only the result of generally received modern experience on the treatment of Syphilitic Diseases.

"I have adopted no party in the question; as will be perceived by a perusal of the work, not agreeing exclusively with the mercurialists, on the one hand, or condemning the remedy *in toto* on the other, in accordance with the principles of the physiologic school, or the partisans of the simple treatment. I have endeavoured to hold out to the confidence of the reader those plans of treatment, and those only which are calculated to cure his patient the most speedily and with the greatest safety.

"The opinions and practice of Wallace, Desruelles, Cullerier, and more particularly Mons. Ricord, will be found fully described in the following pages—whilst, at the same time, the result of my own experience has been added to the weight of theirs. In addition to this the value of many new remedies now much employed in the treatment of Syphilis has been discussed, and numerous forms for their administration given."

In the last quoted paragraph, the scope and nature of the book is fairly and candidly stated. Mr. Parker's work is not, nor does it progress to be a complete treatise on syphilitic diseases, but it does give a clear and sufficiently full account of the opinions and practice of MM. Ricord, Desruelles, Cullerier, and the late Mr. Wallace of this city. Such a digest, when well performed, as it unquestionably is in the work before us, cannot fail to be highly useful and valuable to the practitioner, who in but too few cases has either time or opportunity to collect information from original sources. In the present instance, for example, information is given in a cheap, compendious, and *trust-worthy* form, which could not be collected without the expenditure of much time and labour, and the command of a considerable number of books.

We cannot of course give an analysis of a work, which is itself a compendium or digest of several voluminous works, we shall, however, offer the following extract taken completely at hazard, and without the slightest attempt at selection, as a specimen of the manner in which Mr. Parker has executed his task:—

"Both before and since the time of Hunter, inoculation has been employed for the purpose of testing the character of syphilitic diseases; and at the present day, M.



Ricord, Surgeon to the Parisian Civil Venereal Hospital, has deduced, from an extended series of experiments, certain conclusions of great value and importance, which he has given to the world in his great work "*Traité pratique des Maladies Vénériennes, ou Recherches critiques et expérimentales sur l'Inoculation, appliquée à l'étude des cels Maladies.*"

"M. Ricord establishes, in the first place, that a chancre, wherever it may be seated, is produced by a specific matter which is secreted by a chancre only, which matter produces a similar disease whenever placed in circumstances favourable to contagion.

"This specific matter is only secreted from the surface of a chancre during its first stage, that is, during the period of ulceration, or when the sore is indolent or stationary. At these periods only does a chancre secrete a specific matter capable of producing a similar disease by inoculation. When the sore begins to heal and a process of reparation has commenced, it is merely a simple ulcer, does not furnish a specific secretion, and is not capable of propagation by inoculation.\*

"If matter be taken from a chancre during the period of ulceration, and introduced under the epidermis by means of a lancet, it produces the following effects. During the first four and twenty hours the puncture becomes more or less inflamed; from the second to the third day it is accompanied with slight tumefaction, and presents the appearance of a small papula surrounded with a red areola: from the third to the fourth day the disease assumes a vesicular form, the epidermis being raised by a fluid more or less opaque, presenting at its apex a small dark point; from the fourth to the fifth day the contents of the vesicle become purulent, the apex of the pustule depressed, resembling very much the pustule of small-pox. At this period the areola, which had progressively increased, begins to diminish or altogether disappears, particularly if the disease does not increase: after the fifth day, however, the subjacent and surrounding tissues, which hitherto had undergone little or no modification or were merely slightly oedematous, become indurated by the extravasation of a plastic lymph, which communicates to the touch the resistance and elasticity of cartilage. After the sixth day the contents of the pustule thicken, the pustule itself shrivels up, and is covered with crusts. These enlarge towards their base, and forming by successive strata, at length assume the form of a truncated cone with a depressed apex. If these crusts are detached, or if the fall off, we find under them an ulcer with the hard base of which we have spoken, extending through the whole thickness of the skin. The surface of this ulcer, of a deep red colour, is foul, covered with a thick adhesive pultaceous matter, almost like a false membrane, which cannot be removed by any attempt to clean the sore. The edges of the ulceration at this period appear as though it had been dug out from the surrounding parts by a sharp circular instrument. The immediate vicinity of the sore is surrounded by a red, dark, or livid margin, more elevated than the surrounding parts.

"M. Ricord further establishes that chancre in its commencement is purely a local disease; that constitutional or secondary affections can only take place after this antecedent; that they do not occur in all cases, and only after the lapse of a certain period of time.

"Whatever may be the varieties and complications which subsequently follow or accompany the inoculated chancre, the progress of the latter is in all instances such as we have described it. The pustular form of incipient chancre is only wanting when the parts to which the virus is applied are destitute of epidermis or epithelium, and it is only preceded by phlegmonoid inflammation when the matter has been introduced into the subcutaneous cellular tissue, or into the lymphatic system.

"The ulcerations completely destroyed or arrested on the third, fourth, or fifth day from the application of poison are not liable to secondary inflammation. It is

not before the fifth day that the induration of chancres commonly commences, and it is the indurated chancre that is most frequently followed by secondary symptoms; this induration seems to indicate that the affection has become in some measure already constitutional; as long as there is no induration we may suppose the disease to be merely local.

"The varied appearance which primary venereal sores presents (says M. Ricord) has given rise to arguments against the identity of the venereal virus, and has led to the promulgation of the theory of a plurality of venereal poisons. Inoculation, however, sets this matter at rest, for whatever may be the actual character of the sore from which we take the pus, provided it be taken during the first stage of chancre, that of ulceration or indolence, we obtain by inoculation a regular pustule when the matter is introduced beneath the epidermis or epithelium; and an abscess when introduced into the cellular tissue, or into the lymphatic system.

"The various characters of chancres or primary venereal sores, are due to circumstances which are foreign to the specific cause which produced them; these are principally the particular constitution of the patient, his mode of living, the influence of any antecedent or present disease with which he may happen to be affected, and not least the local treatment of the sore. It is from one or many of these circumstances that we see phagedenic ulcers in subjects who have contracted their disease from others affected with ulcers of the simplest character.

"The first stage of chancre, *i. e.* of ulceration or indolence, is the only one during which the disease is susceptible of propagation by inoculation: the period of this stage is not limited, hence, M. Ricord has known primary venereal sores capable of propagation after having continued eighteen months."

SKETCHES OF ANIMALS; being a Series of Papers descriptive of their Manners, Habits, and Instincts. By A STUDENT OF NATURE. No. I. Small 8vo. Pp. 32. Dublin. 1840.

OUR readers will be glad to learn that the lively sketches from the pen of this writer which have some time since amused them in the pages of the MEDICAL PRESS, are to be continued, and published separately in monthly numbers. The author has chosen a new field in which he is well qualified to work, and most cordially do we wish him the success which his unrivalled talents for observation and indefatigable perseverance in investigating the habits and dispositions of animals entitle him to.

A REPORT UPON DEAFNESS WHEN RESULTING FROM DISEASES OF THE EUSTACHIAN PASSAGES; with the Modern Methods of Cure. By HUGH NEILL, Surgeon to the Liverpool Institution for curing Diseases of the Ear. 8vo. Pp. 39. Liverpool. 1841.

THIS paper, which was read before the Liverpool Medical Association, has for its object to bring under the notice of the profession recent improvements in aural surgery—more particularly as regards the use of the catheter and air press in the investigation and treatment of diseases of the Eustachian tube. The latter instrument Mr. Neill conceives can be used with safety and advantage in cases of deafness arising from inflammation of the tubes, or from obstructions in these passages caused by morbid secretions, strictures, adhesions, &c. The following description of the instrument and mode of using it will be interesting to our readers:—

"Here we have a cylinder of wrought brass, about 4½ inches in diameter, into which is inserted a pump barrel 2½ inches in diameter: in the piston of the pump barrel there is a valve for the passage of air. There is a second valve in the bottom of the pump barrel, through which the air is forced into the interior of the cylinder.

"In the apparatus shown, you see a pump which forces air into a cylinder, the outlet of which is a little above

\* It would appear that these views were likewise entertained by Dr. Wallace, who divides chancre into two distinct stages or phases, the first one of ulceration, the second one of reparation; he particularly insists upon the impropriety and danger of administering mercury during the first stage, that of ulceration.



the centre of the instrument, to which is attached a stop-cock, with an elastic tube, having a nozzle of brass, made accurately to fit the dilated part of the silver catheter.

"If the air-douche is to be used for the investigation of the middle ear, the patient sits close to a table. The air-press having been charged, the operator introduces his catheter into the passage, and then the metallic tip of the tube into the dilated part of the catheter. This accomplished, he must give his best attention to the influx of air, and while turning the stop-cock of the apparatus, he must note the fluctuating sound which the condensed air produces in regurgitating from, as well as when rushing into the ear of the patient."

The fatal event which lately occurred during the employment of this instrument, in the practice of a London physician, Mr. Neill ascribes to the slipping of the catheter from the Eustachian tube of the patient, (who was permitted to use it himself,) and the consequent rushing of a stream of air down the trachea, so suddenly as to occasion suffocation.

### THE MEDICAL CLUB.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—In the last number of the MEDICAL PRESS, there is a letter from Mr. Carmichael, containing some observations on the United Medical Club. From the general tenor of that letter, Mr. Carmichael appears to coincide with you in the view in which you have represented that club, viz., that it is a society got up for the purpose of upholding certain parties, or opinions, on the subject of medical legislation. Although having no further connection with the club than as being a private member of it, still, as long as I am a member I consider myself identified with its principles, and responsible for its acts; and I therefore think it due to myself, and to my fellow members of the profession, to offer the following explanation of the objects of the club, and of the motives which have influenced others and myself to become members of it.

The want of a tie to bind together the members of our profession has long been felt. Of all professions ours, probably, stands most in need of the tie of social relation between its members. The United Medical Club will be, I believe, the medium of diffusing that kindly social relation, which is the best aid in maintaining and cherishing mutual good feeling. The benefit of a social junction of persons following the same pursuits is so obvious, that there is not a trade or profession save ours without it. With the object of attaining such a benefit, and with no other, have many with myself joined the club; and now, when we are on the eve of enjoying the advantage of so obvious a benefit, it is deeply to be regretted that mistaken views should be propagated. I would not continue for one hour a member of the club, if it were possible that in becoming a member I compromised my opinions on any subject. The United Medical Club has no more to do with a man's opinions on medical affairs, than it has to do with his principles in religion, or his bias in politics.

Mr. Carmichael appears to lay great stress, in his letter, on the resolution proposed by Dr. Apjohn being rejected, and which was to the effect that the list should lie open for a fortnight to all members of the profession who might wish to subscribe their names as members of the club. Surely a moment's reflection will convince any one that such a resolution, if carried, would subvert the very constitution of the society; for those whose personal attributes might render them objectionable, as personal intimates, would certainly be among the first to eagerly avail themselves of such a privilege to obtain admission.

Mr. Carmichael may perhaps forget that he himself sanctioned, on a former occasion, the possession of the power of exclusion, which he in his letter blames the club for having claimed. At the meeting of the medical Congress, held in the College of Surgeons in May last, Mr. Carmichael in the chair, the resolution was unanimously passed, that into the Medical Union proposed to be formed, those only should be admitted who "can produce evidence of an irreproachable moral and professional character." (Vide MEDICAL PRESS of June 5, 1839.) If the principle of scrutiny into personal character, as a check on admission, was deemed justifiable and necessary in the constitution of a corporation, of which the majority of the members would probably never see each other, surely the same principle is much more imperatively called for in the formation of a society, the members of which must constantly meet in habits of personal intimacy.

In another part of his letter, Mr. Carmichael observes that there was but a thin sprinkling of medical reformers at the first meeting of the club, and hints that the omission of invitations to them was intentional. I have looked over the list of members of the College of Surgeons, given in the MEDICAL PRESS of July 24, 1839, who are classed as reformers, as having voted with Mr. Carmichael, at a meeting of the College, held July 19. Mr. Carmichael's name is at the head of the list, which contains 26 names. Of those 26, I can now, even on memory, distinctly recal at least 16 whom I saw at the first meeting of the club; while, on the other hand, I have since learned that some of the most active opponents of Mr. Carmichael's opinions were not invited to that meeting. This does not, I think, bear out Mr. Carmichael in his supposition that there was intentional admission or omission of certain parties. Of the arrangements under which invitations were issued, I know nothing; nor was I aware of the first meeting of the club, except through the printed circular requesting my attendance. Those facts which I have mentioned, I have learned altogether through my own desire to ascertain whether there was any ground for Mr. Carmichael's supposition.

It has also been represented, that all who hold certain opinions on questions of medical legislation, would assuredly be blackbanned, if proposed for admission. The truth of this representation can be at once tested. Let all or any of those holding no matter how extreme or widely different opinions on questions of medical legislation, send their names to be ballotted for. If rejected on *no other obvious and manifest* objection than their opinions on such a subject, their rejection would be no disgrace; so that, no one need shrink from the test; and the result of such rejection, (supposing it possible,) would be the immediate dispersion of the club: for no one, even pretending to independence, would remain a member of a society that would presume to control freedom of opinion.

It has also been argued that the members of the club are opposed to any legislation that might benefit the bulk of the profession, because medical reform is not specified to be one of the objects of the club. It might as reasonably be argued that the members are opposed to the advancement of chemistry, because experimental philosophy is not specified to be one of its objects.

The club, as I believe all members of it view it, is formed for one, and for one purpose only, viz., the promotion of mutual support and good feeling; and all who earnestly desire the attainment of these objects will accord, that to render the club efficient for its purpose, the most rigid precaution must be exercised to exclude every subject that could, by possibility, furnish ground for dissension, or even for discussion; and of all subjects likely to create dissension,



s there any to be compared with medical politics, on which the great difficulty is to find any two persons who don't disagree?

The club, as at present constituted, is a neutral ground, where members of even rival universities and colleges may meet to promote objects beneficial to all; and I trust that a calm review of the principles on which the United Medical Club is founded, and the importance and obvious benefits of the purposes to which it is devoted, will convince those who may at present be hostile to it from the influence of prejudiced representations, that there never was a society better adapted (in the words of its first resolution) "to promote good feeling and the honor and respectability of the medical and surgical professions."

In conclusion, I have only to say that I have not communicated on the subject of this letter with any one; and that I have written these observations because, even as a private member of the society, I cannot submit to the continued propagation of imputations which have, I am sure, no fair foundation.

I remain, Gentlemen, your's, &c.

D. J. CORRIGAN.

January 27, 1840.

The writer of this letter says, that "of the arrangements under which invitations were issued (to join this club,) he *knows nothing*;" rather a strange admission for one who volunteers an apology and defence of those who made these arrangements; and an assertion difficult to reconcile with the internal evidence of intimate knowledge of the proceedings, afforded by his own communication. Far be it from us to doubt the sincerity of his declarations of neutrality, and disavowal of the anti-reform objects of the parties, but viewing this document in juxtaposition with his known co-operation and intimate connexion with them, we are somewhat surprised at his confidence in the credulity of our readers. Without meaning the slightest offence, or wishing in the most remote degree to insinuate any thing disagreeable, we must be candid, intelligible, and firm, in order that no mistaken notions may be entertained respecting the real character and motives of those, who, at the present crisis, endeavour to influence opinion relative to medical affairs. Notwithstanding the mild tone of this letter, and the anxiety of the writer to appear in a neutral and disinterested character, we can assure our readers, that there is not in Dublin a member of the profession who takes a more active part in all proceedings affecting medical interests, although his name has not often appeared openly as an advocate or opponent on either side. His assertion that this club "has no more to do with a man's opinions in medical affairs, than it has to do with his principles in religion, or his bias in politics," must therefore stand for just what it is worth—it is his assertion, *et pretereā nihil*.

In advocating the principle, that facilities should exist for excluding persons "objectionable as personal intimates," or against whose admission "obvious and manifest objections" exist, the author of this apology refers to the resolution of the Medical Congress, that candidates for admission into the proposed body should "produce evidence of an irreproachable moral and professional character," and endeavours to shew that the course adopted by the club was analogous. But let us ask him, did those who arranged the proceedings on that occasion, propose to ascertain the claims of their brother members of the profession to irreproachable character, by the odious and dastardly contrivance of a secret ballot, or did they, like the club-men, take the precaution of exempting themselves from such a detestable test, while they subjected opponents to its operation? We need not say they never

once thought of such a thing, their object being to unite the profession and put an end to all invidious distinctions, and not to insult individuals or secretly assail private character, without danger of consequences.

To prove that the originators of this club entertained no hostile feelings towards those advocating Medical Reform, it is asserted, that of the 26 members of the College of Surgeons, who voted last July for the proposed Union of the profession, 16 were present at the first meeting of the club, but it is *not* stated why the other ten were not invited, neither is it explained that not one of the 16 present at the first meeting, ever attended a second, except perhaps one or two not very notorious for the sincerity of their professions. Let the objects of this club be what they may, it is clear that those anxious for Medical Reform have not joined it, and that those most deeply interested in the perpetuation of the present abuses in medical government, and gross mismanagement of the public institutions, are active members.

We admire our correspondent's laudable anxiety to "diffuse kindly social relations," and "cherish mutual good feeling," although we think the plan little likely to effect the proposed object as regards the profession at large. The members of the club we have no doubt, are "on the eve of enjoying so obvious a benefit," and we are satisfied that the arrangement may prove advantageous to some of the parties. We agree to a certain extent with the writer of this letter, that "the club is formed for one, and for one purpose only, viz: the promotion of *mutual support*," and now that it is rather damaged in public opinion as an anti-reform piece of machinery, we would suggest that it shall in future be designated—"The United Mutual-Supporting Medical Club, or Scratch-me-and-I'll-scratch-you Association," and that it shall be a standing rule, that no member shall "*call in*" any but a brother member, or "recommend" any physician, surgeon, accoucheur, dentist, or apothecary, who is not of the *body*, or at least, well known to be one of the right sort.

We cannot conclude without pointing out the cheering moral lesson derivable from this paltry affair. It is now clear that neither the money nor the names of those who owe better things to the profession, have been able to bolster up the cause of corruption and abuse, or to crush those who have been humble instruments in awakening attention to the necessity for change. The demand felt for the sophisms of the foregoing letter, are abundant evidence that those hitherto powerful allies (money and name,) have miserably failed, and that the flag of anti-reform *can no longer* be safely displayed in the front of the battle;—thus, in open warfare, truth, justice, and humanity *have* triumphed. They have still to endure a more perilous conflict with undeclared and hidden foes—but, confident in the justice of the cause, we feel assured that it must prevail; and we promise that, undaunted by persecutions, and calumnies, and threats, such as our provincial friends would scarcely believe could have been used, and cheered by the generous support of the mass of the profession, the Press will not shrink from a manly discharge of its duty.

#### MORE ANTI-REFORM DOINGS.

[The following appeared in the *Times* last week.]

(To the Editor of the *Times*.)

SIR,—Observing that application is to be made to parliament, by the medical profession, for the enactment of certain arbitrary laws, to restrain the public from treating themselves as they please in cases of sickness, thereby establishing a complete medical in-



quisition in the country, I take this opportunity of warning the members of the legislature against passing any such enactment on the mere petitions or representations of the medical body, being, as it is, an interested one. The very fact of applying for the coercive enactment in question, is a proof that the public at large have lost confidence in the mode of treating diseases, as practised by the majority of medical men, and their present application would, if granted, be as injurious to the public as it is unconstitutional.

The medical profession are quite wrong as to the theory and treatment of diseases.

I am, sir, your obedient servant,

JAMES MORISON, the Hygeist.

British College of Health, New Road.

#### TO CORRESPONDENTS.

*Communications received from Dr. Galway, (Mal-low,) Dr. Healy, (Ennis,) Mr. Carter, (Newcastle-on-Tyne,) Dr. Elliott, (Gateshead,) Mr. Brown, (Jarrow, Durham,) Dr. Sharkey, (Berehaven,) "A Friend to Truth," Drs. Evans, (Newmarket-on-Fergus,) Kingsley, (Roscrea,) Jeffreys, (Liverpool,) Reardon, (Tipperary.)*

"Vindicator" will oblige us by continuing to supply the information, without which we cannot attend to his wishes.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 5, 1840.

### CORK HOUSE OF INDUSTRY—THE PUBLIC HEALTH.

THE board-room of this institution has been recently the scene of a series of debates, to which we desire to direct attention as affording matter well deserving the reflection of statesmen and political physicians. It appears that the mortality of the inmates of the house of industry has lately acquired a height quite unprecedented in its annals—amounting, in one week, to 20, and in the succeeding to 15, out of a population, of all ages, of about 1300. This naturally attracted public attention, and an investigation into the causes having been set on foot, they were supposed to be traced to certain heaps of offal accumulated in a slaughtering yard contiguous to the building. A warfare was forthwith commenced against the proprietor, and in the course of it some facts transpired, which, in our opinion, materially alter the bearings of the case. That the slaughtering yard, as described by the various parties, was a nuisance, and one which should not be permitted to continue in the neighbourhood of a public institution, or indeed of any dwelling, we think to be extremely probable; but judging from the debates, as published in the *Southern Reporter* and *Constitution* newspapers, it appears to us more certain that it was not the only, or even the principal cause of mortality. We were at first somewhat astonished by the pertinacity with which some of the governors, and, especially, the poor-law commissioner, Mr. Voules, pursued the subject, to the extent even of browbeating, in what we must term a most indecent manner, two medical men whose opinions, as to the amount of the nuisance, were not quite so positive as their own. Presently, however, the subject became a little more developed, and it appeared, from the testimony of the acting physician, Dr. Gregg, that the occurrence of the extraordinary mortality was, at least, contemporaneous with the adoption of a report founded upon a recommendation, or, indeed, order of the poor-law commissioner; and, in pursuance of which, the supply of nutriment to the inmates was materially altered and

diminished. From this report, Dr. Cæsar, (one of the governors,) stated that "he had entirely dissented, for he anticipated the results, the mortality they now had to deplore."

The information before us is, in many respects, defective; for example, we are not aware of the length of time during which the nuisance of the slaughtering yard has been in operation; but, after a careful consideration of all that we have been able to learn, we see little reason for disagreeing with Dr. Cæsar's conclusions, which, indeed, appear to have been ultimately acceded to by all the governors, as a somewhat stormy debate was terminated by an understanding being entered into, that "Dr. Gregg was at liberty to give such nutrition as he thought necessary, until restrained by the board."

While we state this to be our opinion, it is not our intention to blame individuals, or to inculcate the gentlemen concerned in drawing up the economical report; on the contrary, we quite concur with the Rev. Mr. O'Connor, who ably seconded Dr. Cæsar, and "do not for a moment suppose that they meant to trifle with lives." Lives, however, have been trifled with, by the pernicious operation of a faulty system; or rather by the want of any system for the protection of the health of the community, and it is chiefly for the purpose of urging the necessity of a radical change, in this respect, that we have noticed the present subject.

The debates in question fully shew that ardent zeal in the public service, and the most disinterested public spirit, such as we believe to prevail among the citizens of Cork, do not supply the place of knowledge, and that the most calamitous results may follow acts proceeding from the very best intentions, when these are not associated with technical skill. These truths, indeed, were practically recognised by all the governors, one of the most petulant of whom (Mr. Cotter,) is reported to have said:—

"Economy was necessary at the time the report was adopted; but we did not want to kill the people. I wish we could now blot out all that has this day been said on this subject."

The sentiment is creditable to the gentleman who uttered it, and we hope it may dwell in his memory, and render him cautious, in future, in giving his sanction to the application of the principles of trade to subjects which involve the lives of human creatures, however poor or worthless they may be.

But indeed the conduct of the governors will be much extenuated when we refer to the opinions of the assistant poor-law commissioner, as set forth in the following extracts from the *Southern Reporter*:—

"Mr. VOULES said the governors ought to hear anything Mr. Bell had to say. But they should recollect that they would be wrong if they entered into a disquisition on the subject of miasmata, or took up the shades of differences of opinion which were known to exist between medical men. It would be quite enough for the governors to determine that this was a nuisance.

"Mr. VOULES (to Dr. Bull)—Allow me to ask you, Dr. Bull, is it your opinion that this is a nuisance?"

Dr. BULL—If the plan proposed by Dr. Townsend be carried into effect, it will cease to be a nuisance; and it is not so much a nuisance as the *heaps of manure belonging to the house*.

"Mr. VOULES—That is not an answer, Sir. Do you consider it *was* a nuisance?"

"Dr. BULL—There is a greater nuisance belonging to the house—"

"Mr. VOULES—Answer my question, if you please.

"Dr. BULL—I never saw the place before to-day."

After some further browbeating of Dr. Bull, who was silenced in a most offensive manner—



"Mr. VOULES rose and hoped Dr. Bull would excuse the interruption; but the governors had not yet arrived at the period when the learned Doctor's observations could be availed of. He had made a very good case for a court, but the governors were not the judges in that. They should go step by step, and the first step, he conceived they had to take was to say—'That it is the opinion of this board, upon reading Dr. Gregg's report, and upon hearing Dr. Townsend's statement, that the slaughtering of pigs immediately under the walls of the infirmary, according to the plan hitherto adopted by Mr. Bell is highly conducive to the insalubrity and inconvenience of the institution.'"

Here is the blind leading the blind with a vengeance. According to Mr. Voules—and, indeed, the fact is obvious to every reader of the *Southern Reporter*—neither that learned commissioner, nor the Governors of the House of Industry, are in any shape or form qualified to "enter into a disquisition on the subject of miasmata," such as, in the instance before them, was requisite, in order that they might determine whether a nuisance existed or not, "it was quite enough to determine that there was a nuisance;" they need not know what the phrase meant! Again, Mr. Voules recommends cautious proceeding—"they should go step by step;" but the first step was to be a conviction of the party accused, without hearing himself, or one word of evidence in his defence, and that, too, when the defendant had property, to a large amount, at stake.

We do not wish to be severe upon the Assistant Poor Law Commissioners, for we now understand the extent of difficulties which these gentlemen have to encounter; but it appears to us that they would be wise not to build up walls for the mere purpose of knocking their heads against them. It was beyond Mr. Voules' jurisdiction, and obviously beyond the limits of his knowledge, to interfere in the regulation of the diet of infirm paupers, or to attempt to determine what constituted a source of insalubrity: he was, therefore, wrong in meddling with such matters.

The practical inference we are disposed to draw is, that the necessity for a system of medical police, is now more than ever urgent; and that unless such a system be made to mingle with the Poor Law arrangements, this important measure will become a fruitful source and nucleus of disease and misery in the land. Let disease be once generated among densely-congregated masses of infirm human beings; let its type be rendered malignant by a restricted diet, and the malignancy not moderated by the free access of fresh air, such as is enjoyed in the cabin of the pauper peasant—who shall then set limits to the pestilence? who shall say to it, remain within your birth-place—enter not the dwellings of the noble—let not your foul breath poison the luxuries of the rich?

#### POOR-LAW INTELLIGENCE.

**SOUTH DUBLIN UNION.**—The election of medical officers for the workhouse took place on Thursday last, when Cathcart Lees, M.B. was appointed Physician, and Peter Shannon, Esq., Surgeon. Both these gentlemen are Licentiates of the Royal College of Surgeons in Ireland.

The election of apothecary will take place on Thursday, February 6.

**CORK UNION.**—The election of a medical attendant for the workhouse is to take place on the 10th instant. Salary, £70 per annum. On the 17th, a "resident dispenser of medicine" is to be appointed, who will have rations, (as a pauper of course,) and £30 per annum. It is not stated whether he is to be supplied with the regular clothing of the house; but we pre-

sume not, from the splendid money grant voted. Is it possible that an occupant will be found for this office?

#### MEDICAL INTELLIGENCE.

**HOUSE OF COMMONS—MONDAY, JANUARY 27.**

Mr. F. FRENCH presented a petition from the Medical Practitioners of Roscrea, praying for medical reform.

**TUESDAY, JANUARY 29.**

Lord J. Russell presented a petition from the Medical Association of Liverpool, upon the subject of cow pox and small pox, and praying the House to take measures for the establishment of a general system of vaccination of the poor.

**THURSDAY, JANUARY 30.**

Mr. French presented a petition from the North Tipperary Medical Union, praying for medical reform.

**FRIDAY, JANUARY 31.**

Mr. French presented a petition from Mr. Dermott, a medical practitioner, praying for medical reform, and that the medical boards be chosen by ballot, from among the members of the profession.

Mr. Macaulay presented a similar petition from Edinburgh.

#### ATTEMPTS TO INTIMIDATE THE EDITORS OF THE "PRESS."

(From the *Lancet*.)

"To several Dublin correspondents we must reply, generally, that we are perfectly conversant with the medical affairs and politics of that capital, and will afford the parties to whom this fact may not be particularly interesting an early opportunity of being assured that their anti-reform intrigues and proceedings are well understood in London. By-the-by, we find the Editors of the *MEDICAL PRESS* announcing, that they have received 'a distinct, undisguised, and unequivocal intimation, both verbally and in writing, that if they continue their exertions in favour of medical reform, or persevere in the exposure of abuses, effectual means will be resorted to, either to deprive them of their Professorships, or break up the school of the College of Surgeons.' The Editors add, that they treat this attempt at coercion 'with the contempt it deserves,' and 'set at defiance the power, if it exist, proposed to be exercised.' The intimation must be anonymous, or the 'writing' would surely be published. Under either circumstance, the threat is not unlike a hoax, so powerless for evil, however annoying they may be, are the opponents of reform in the Irish capital."

[We can assure our contemporary that the threat was no hoax, and that such is the state of matters here, that an exposure of the authors would not have the effect which, if 'public opinion' existed in Ireland, it would have, of holding them up to contempt and execration.—Ed. M. P.]

#### OBITUARY.

On the 14th instant, at Knockmagoney, in the 68th year of his age, Alexander Taggart, esq. M.D.

At New Ross, on Tuesday, George Kavanagh, esq., M.D., in the 68th year of his age—an old and respectable inhabitant of that town.

At Paris, in the 61st year of his age, the Baron Richerand.

#### ROYAL INSTITUTE OF ARCHITECTS OF IRELAND.

We are happy to be able to announce that her Majesty has graciously permitted herself to be named as Patroness of this important national institution.

**ERRATUM.**—In Mr. Donovan's paper on Monesia, in our last, for "sumantur duas," read "sumantur due."



## NORTH TIPPERARY MEDICAL UNION.

At a meeting of the Council of the North Tipperary Medical Union, held at Nenagh, on the 28th of January, the following resolutions were unanimously adopted:—

That a petition for medical reform, as recommended in the *MEDICAL PRESS* of the 22d ult., be transmitted to F. French, Esq., M.P., for presentation to the House of Commons.

That our Secretary be directed to request the two county members, R. L. Sheil, and Otway Cave, Esqrs., to give their support to the forthcoming measure of medical reform.

That our grateful thanks are due and hereby given to the Council of the Medical Association of Ireland, for their assiduous attention to, and watchful care of, the interests of the medical profession, and for their promotion of medical union and reform.

That our marked thanks be presented to the Editors of the *MEDICAL PRESS*, for their manly and able advocacy of the cause of reform, unawed by threats of annihilation, which renders it incumbent on all honest reformers to give it their strenuous support which it eminently deserves.

That we view the "United Medical Club" as established on *principles of exclusion*, with suspicion, though stated in a late advertisement to have been founded for purely "social purposes," we therefore beg leave to suggest to the Council of the Medical Association to have a watchful eye to its proceedings, lest any injury might be inflicted on the cause of reform.

That these resolutions be forwarded by our Secretary, through Dr. Maunsell, to the Council of the Medical Association of Ireland.

WILLIAM KINGSLEY, President.

JOHN FINUCANE, Secretary.

## CASE OF PROFESSIONAL DISTRESS.

We beg to call the attention of our readers to the following distressing case. Subscriptions will be received by Mr. Donovan, 11 Clare street, or by Mr. Beaumont, at the office of the *MEDICAL PRESS*; and we think it will be well to limit them, as recommended by Mr. Donovan, to five shillings:—

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—A fruitless appeal to the benevolence of the medical profession has rarely been made, when the object of it was deserving of sympathy. If a series of the most trying misfortunes, brought on by causes over which the sufferer had no control, be considered sufficient grounds for an application to the kind feelings of the generous, there can be no better claim than that of the person who is the subject of this appeal. Once an apothecary in good practice, the sickness of himself and family, consequent loss of business, and various other misfortunes, compelled him to quit his profession. His object is to go to America, where a relative is ready to receive and provide for him. He would gladly avail himself of the offer, if the small sum of £25 or £30 could be procured to bear his expenses. Will you, gentlemen, with your usual readiness to assist the unfortunate, undertake the matter? You have heard his history from himself; there is no use in giving it or his name publicity beyond what is here alluded to. Let me suggest that the requisite sum would be much more readily procured by limiting the subscription to five shillings. I send you my own contribution.

I am, Gentlemen,

Your most obedient servant,

M. DONOVAN.

11, Clare street, Feb. 1, 1840.

SUBSCRIPTIONS RECEIVED.

M. Donovan, Esq. - - - - 5s.  
Dr. Maunsell, - - - - 5s.

## REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE  
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	1840.	Max. T.	Min. T.	Barom.	Rain.
Sunday	Jan 26,	47	37	28.700	.270
Monday	27th,	41	32	29.450	.070
Tuesday	28th,	46	35	29.020	.050
Wednesday	29th,	46	34	29.700	.190
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# DUBLIN MEDICAL PRESS.

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No. LVIII.]

DUBLIN, WEDNESDAY, FEBRUARY 12, 1840.

{ PRICE SIXPENCE,  
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## LECTURES ON SURGERY,

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OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Surgery in the College.

### LECTURE IX.—HECTIC FEVER.

HECTIC fever is usually treated of in connexion with suppuration, because it is so constantly observed to accompany profuse and wasting discharges; but it would be an error to suppose an inseparable connexion between them, for hectic fever often occurs in cases where there is no suppuration at all, and in others where it is but trivial. Chronic abscesses, with large and protracted discharges, are very frequently the result of scrofula; and this taint seems to hold some strong and intimate alliance with hectic fever—this later affection appearing more regularly, and exhibiting the development of its symptoms with more exactness in scrofulous affections than in any other. The best form of hectic, observed in medical practice, is that attendant on suppurating tubercle of the lung; and in surgery it is found to accompany white swellings and other diseases of the joints, all of which are supposed to originate in a scrofulous taint. The reason I say it can be better observed in one disease than in another is—that it does not, like other fevers, present a given set or order of symptoms, the aggregate of which constitute the disease, and the varieties in which result from their intensity, severity, and duration. On the contrary, hectic fever rarely presents the greatest number of symptoms that are said to appertain to it; in one instance, one or more remarkable symptoms may be wanting—in a second case, some equally important, but of a different character. Again, in every case, some one symptom appears to be more prominent and more destructive than the rest: and yet each of these are specimens of hectic fever. What is more important to the student to

observe is—that this irregularity, or imperfect development of the disease, does not depend on any peculiarity of constitution, as to strength or weakness—on the intensity or length of application of the exciting cause—or any of those circumstances that influence other fevers, for each disease has its own particular form of hectic—thus, in scrofulous diseases, hectic affords the greatest number of symptoms, and the greatest regularity in the time of each access, and the duration of each paroxysm. In cancer, fungus hæmatodes, and other affections attended with occasional profuse discharges of blood, the fever is most irregular in all these respects. In almost every affection, the peculiarity of the attendant hectic, is so remarkable, that, as a means of diagnosis, it may be said to be rather a symptom of disease than a disease itself.

The cause of hectic fever is involved in the greatest obscurity, at least as yet there has been no satisfactory explanation offered. It had been supposed to arise from the absorption of matter from the abscess or ulcer, probably because the disturbance of the system generally became apparent *after* an abscess had been opened, and a discharge established: but, as Hunter remarks, if that was the case no patient who had a large sore could possibly escape, inasmuch as there is no reason to suppose that any one sore possesses more power of absorption than another. Certainly, if such power did exist, it would more probably be found in the small, healthy, vascular, and organized granulations of an ulcer succeeding an acute abscess, than in the indolent and flabby scrofulous sore; yet it is in these latter cases that it principally prevails. But when we see a tolerably well-marked hectic appear in a case where not a single drop of purulent matter had been formed, (as in an instance of papular syphilitic eruption,) we must abandon the idea of absorption altogether. Hectic does not seem to arise from pain or irritation, because cancer, one of the



most painful affections in nature, exhibits, perhaps, the most imperfect form of hectic; it is not because an incurable alteration of structure has taken place, for we often see the strangest changes of this description, as in osteo-sarcoma, without any hectic at all: neither can it be from long-continued or harassing confinement, because many persons have been confined for months, and even years, as, for instance, in necrosis, and not suffer, or suffer but slightly from this fever. In fact it is not difficult to prove the insufficiency of any of these supposed causes; but, at the same time, it may not be easy to advance the true one. Hunter has more than his usual obscurity on this subject. He says that the disease is "a constitution now become affected with a local disease or irritation, which the constitution is conscious of, and of which it cannot *relieve itself and cannot cure*:" an opinion that seems to imply that it must prove fatal unless the part in which it is situated admits of removal, and further would warrant such removal the moment a fever appeared which should be deemed incurable. I have seen such an opinion acted upon, and operations proposed and even practised for the removal of diseased joints which might have recovered by the efforts of nature alone, and, therefore, have I noticed the above remark, coming from such authority, in order to remove an impression which is decidedly erroneous. Surely Hunter must have seen many instances of hectic fever in cases that recovered spontaneously, and many others in cases which, however dangerous, (such as compound fracture,) were still brought through by care and attention. Doubtless, any affection of a vital part, accompanied by hectic, will probably prove fatal, because the situation it occupies will, in itself, be sufficient to depress the energies of the system, and prevent it from making those exertions on which a recovery depends—or the presence of a scrofulous taint in the system may have a similar effect—or the disease may be in connexion with some alteration of structure which admits of no remedy but the knife: all, or any of these may be cases to justify Hunter's opinion so far, but only so far as they go, for experience has shewn us many cases, even of diseases of joints, attended by well-formed hectic, in which both local and constitutional affections recovered without operation.

I regard hectic as a species of sympathetic fever, modified *principally* by the nature of the disease the constitution sympathises with; then, by its duration, for we seldom see it at a very early period; and, as in every other fever, by the age, sex, habits, and constitution of the patient. Its approach is always insidious, particularly after injuries, and we see the inflammatory fever run into it without being able to say where one terminates, or the other begins. Its symptoms, however clearly marked, are always irregular—its progress uncertain, for it will occasionally proceed with great rapidity, and then seem to pause in its career, or the patient even sometimes may appear to be recovering. Its termination is fatal, or otherwise, according as its exciting cause admits or not of removal or of cure. Unlike inflammatory fever it is not continued; it is a remittent, and its periodical return is quotidian, there being one or more paroxysm occurring every day. A paroxysm consists of a cold stage, a hot stage, and a sweating stage, but these symptoms are extremely irregular both of occurrence and duration; sometimes there are only the cold and the hot stages, or the cold and the sweating; sometimes the hot and the sweating, and, occasionally, the sweating is alone observed. Occasionally, the paroxysm intermits altogether, particularly when the bowels are affected by diarrhoea. Always there is one symptom more prominent than another, always one most apparently destructive—thus one patient

shall be run down by sweating, and another principally by the diarrhoea, both of which, from their wasting influence, have been termed colliquative. But, besides the febrile paroxysm, there are many other appearances and symptoms so characteristic, that we must proceed to explain them now, at the same time premising that I take my description principally from pulmonary hectic, as it is there the disease is best exemplified.

In hectic fever, the blood seems, in a remarkable manner, to desert the surface, and hence there is an universal pallor over the face, the body, and the extremities: the face is covered with minute black spots, particularly the forehead and nose which give it a dirty and greasy appearance that cannot be removed by washing. The eyes are of a pearly whiteness, prominent from the wasting of the lids, and glassy, as if covered by a slight suffusion: the nose is sharp: the lips thin, pale, and of a colour inclining to purple. The cheek bones are prominent, and, on this part of the face, there is usually a circumscribed red spot of the size of half a crown or less, which is termed the hectic flush, and which, by its contrast with the surrounding paleness, gives, particularly to the young female, an expression of the most delicate beauty of complexion. She never looks so interesting to the world as when she is about to leave it for ever. As the body becomes emaciated, of course the bones appear more prominent and sharp: the fingers are long, and pale, and thin: the nails of a purple or black tint and curved. In some patients this aduncated form of the nails is very remarkable, and has been supposed by some practitioners, not only to exist before the appearance of pulmonary hectic, but to indicate a predisposition to the disease in the individual whose hand possesses that peculiar shape.

In endeavouring to arrange the symptoms of this disease it will be advantageous to consider each function by itself, and I shall, therefore, adopt that method, commencing with the skin.

I have already stated that the patient is attacked with paroxysms of fever consisting of the usual fits or stages, the cold fit, the hot, and the sweating, and the skin partakes of those changes that are observed in the stages of a common intermittent. During the cold period, the skin appears shrunken, but not shrivelled, and as if the body had become smaller and the skin had contracted around it. Its particular appearance is termed *cutis asserina*, from its resemblance to the skin of a plucked goose, or other fowl. But these appearances, as well as other symptoms of hectic, are uncertain and irregular; sometimes there is nothing like the cold stage of a fever: but the patient may, instead, experience a most uncomfortable sensation of coldness in the feet. This latter symptom is very common in pulmonary hectic, and seems explicable by that tendency which I have already noticed of the blood to desert the surface, and the languor of circulation that thence arises in the extremities. Sometimes, in lieu of the hot stage, the palms of the hands and the soles of the feet only suffer from a sensation of burning heat, dry and disagreeable. All these sensations, and even the more perfect paroxysms may be retarded, or even avoided altogether for a day or two by attention to regimen, and by the avoidance of all circumstances that can excite the constitution. But the sweating is the most constant, as well as the most debilitating symptom of those connected with the skin, occurring once, and, in some cases, twice in the twenty-four hours, and scarcely admitting of control by medicine. It is seldom diffused over the entire body; but is rather confined to the head, shoulders, and chest, where it is often so profuse as to render frequent changes of linen necessary. It is sometimes attended with a heavy offen-



sive smell—is always wasting—whence the term colliquative has been applied to it, and its presence fatigues the patient and deprives him of rest, or if he falls asleep under its influence he awakes after a short repose without experiencing refreshment.

The functions of the whole line of the intestinal canal seem to be more or less deranged; nor will much advantage be derived from examining the tongue with a view to discover the condition of the stomach, for this organ is generally clean—morbidly clean, and of a bright red colour, particularly towards the edges, and this is observed even in patients, who, previous to the attack, had been dyspeptic. The mucous secretion from the throat, fauces, œsophagus, and stomach, is diminished, and, therefore, is thirst a very constant symptom. The appetite is exceedingly capricious, being at one time ravenous, and at another weak and sparing in the extreme, and these varieties are observed to exist even in the same patient at different periods. But, in the great proportion of cases, the appetite is actually bad, although the patient may think and state the fact to be otherwise, and you frequently find him ordering a plentiful meal, yet unable to taste more than a mouthful or two when it comes. I think the mind has some influence on this, for if a patient knows what is provided for him for some time beforehand, he forms a disgust to it, whereas I have known food brought suddenly, and without any previous warning to be abundantly and hastily partaken of. In general, when inquiring into the state of the bowels, we are told they are well and healthy, and unless in some particular cases, or in the advanced periods of the disease, the regularity, quantity, and appearance of the alvine discharges would justify such an opinion; but there are two remarkable deviations from health calculated to escape the observation of a superficial enquirer, and yet tolerably constant—one, that the absolute quantity of fecal matter discharged is larger than that of the food received—and the other, that the food is but partially and imperfectly digested, and, in many instances, seems to come away but slightly altered, particularly if it consists of vegetables. It is obvious that this latter symptom must be greatly modified by the nature of the nourishment taken.

But it is towards the latter end of the disease that the condition of the bowels becomes truly interesting, for then a diarrhœa sets in. On the appearance of this symptom, the perspirations cease, but only to return again on its subsidence. Thus these two morbid conditions alternate with each other, one disappearing, while the other is destroying the patient. Of these two, however, the diarrhœa is the most distressing and destructive, occasioning more debility and emaciation in a week, than the perspirations would in a month, and hence in cases of suppuration, accompanied by an extensive loss of skin, (as in large burns,) as a large portion of the surface of the body is incapable of perspiration, the vicarious duty is thrown on the intestines—diarrhœa sets in early—and the course of the disease is more rapid and more destructive. Diarrhœa is, of course, a most unfavourable symptom at all times, but when it is accompanied by pain and approaches the character of dysentery, may be considered as fatal; a patient never recovering from this condition, even although the local disease may admit of removal by operation. This stage of the disease is marked by the appearance of aphthæ on the mouth, or perhaps by one irregular unhealthy ulcer on the tongue, the inside of the cheek or the throat, and indicates the existence of sores on the mucous surface of the whole line of intestinal tube, particularly that of the large intestines. I have heard these aphthæ in the mouth characterised as a mortal symptom, and I believe them to be a bad one;

but it will be necessary to draw a line between those which are connected with an incurably morbid condition of the intestines and others which may be quite unconnected with any dangerous feature in the disease. In the former case there is painful diarrhœa; the case is to end fatally, and dissection after death exhibits the whole trajet of the intestines studded with minute tubercles in every stage of softening—most of them in a state of open ulceration.

The urine is stated to be abundant in quantity—pale and watery in colour—and unctuous if rubbed between the fingers; it has also been said to contain an excess of albumen, the removal of which from the system by this evacuation is one source of the general emaciation. This observation is true, but it is only partially so, and does not obtain at all times even in the same individual. The nature of the urine is subject to great varieties—its qualities and its quantity are influenced by a state of rest or of exercise—by the presence or absence of perspiration—obviously by many articles of diet and of drink, and often by other circumstances of which we can have no cognizance in any particular case. I do not, therefore, attach much importance to this part of the subject.

But the menstrual discharge in the female is one, to which a practitioner's attention must be particularly directed, because the patient having been accustomed to consider her health as dependant on its regularity, is sensibly alive to every derangement, and disposed to attribute to it her entire illness. In most instances of hectic fever, (particularly if arising from pulmonary abscess,) the menstrual discharge is suppressed, but there is even here the same irregularity that is observed in most of the symptoms of the disease. I have seen it maintained healthily and abundantly up to within a month of dissolution—more frequently it occurs in diminished quantity and at unusual and irregular periods—sometimes after disappearing for some time it is reproduced by medicine, and affords the patient a fallacious prospect of recovery; for, as I have said, she is always disposed to lay her illness to its account. But the surgeon must not thus be misled. In very young females, a suppression or irregularity of the menses may possibly induce the development of tubercles in the lungs, and thus prove the indirect cause of hectic fever, for at this period of life the lungs and the organs of generation sympathise powerfully with each other and the stopping of an important discharge from the one might easily be supposed capable of producing disease in the other. In such a case no exertion should be spared to restore this function to its healthy condition; but in the great majority of instances the irregularity alluded to is a consequence and not a cause—it follows on the general weakness of a system, the functions of which are all more or less deranged, and although its restoration may be considered as a favourable symptom so far as it indicates a general return to health, yet its importance in such cases is always rated too highly. Sometimes I have known females attribute their decline of health to an immoderate flow of whites, but the medical practitioner will scarcely regard this as a cause of tubercular hectic.

Another symptom to which the patient is apt to attribute more importance than it deserves, and to which he never fails to direct the surgeon's attention is fistula in ano. This is, as far as I know, more frequent in males than in females, commencing by a small dull abscess by the side of the anus, which bursts externally after communicating with the intestine, or denuding it to a tolerably high extent. Very often this fistula exactly resembles the common form of the disease—presents the same small, almost imperceptible opening, and the same symptoms—some



times, however, the sore is large and flabby, and its discharge of matter profuse. This discharge has all the appearance, to the uninformed mind of the patient, of being the chief cause of his weakness and emaciation, and there is another circumstance, also, that renders him most anxious to have his fistula cured. It occasionally scabs, and appears as if about to heal, and then every act which imparts an impulse to the abdominal muscles such as coughing, sneezing, &c., causes very great pain. This is no small affliction on a patient already suffering from the cough of pulmonary consumption, yet must this troublesome and distressing symptom not be interfered with. It has been supposed that the healing of this fistula, by suddenly stopping a discharge which appeared spontaneously, would divert the matter to another channel, and, by throwing it on the lungs, aggravate the disease of which the patient is dying. I will not say that such danger might not exist *if* the fistula *could* be cured, but this result does not often happen, and we refuse to operate because the wound *will not heal*, and a larger suppurating surface is exposed, discharging matter, and of course encreasing the source of mischief that rendered the patient uneasy at first. I wish to be particularly explicit on this subject, because I have been wearied by the solicitations of patients on this subject, and because I know that the yielding to such entreaties will be followed by at least the evil consequences I have already suggested; perhaps with others and worse.

Derangements of the sensorial functions have been scarcely noticed by medical writers, and an opinion seems to be pretty generally entertained that they do not suffer throughout the whole course of hectic fever, yet without actual delirium or those more apparent demonstrations of impaired intellect, I think there are many marks of excitement, and many deviations from cerebral perfection that are worth remarking. For instance, there is what may be called a morbid expectation of recovery—a certainty of ultimate restoration, which is even met with in patients who have been medically educated, and might be expected to have known otherwise; this expectation increases in proportion as it becomes evident to all others that it can never be realised; and it often happens that plans of future amusement, or of new ornaments or dresses are the last objects that occupy the patient's thoughts. This certainty of recovery is curiously contrasted with the morbid sensibility of the patient as to his own condition. He is alive to the looks, the gestures, the very whispers of those around him. His sense of hearing seems to be preternaturally acute. If his medical attendant speaks privately to any one in the room, he insists on being made acquainted with the whole conversation, and will scarcely believe any assurances that it had no reference to his state. These symptoms are more apparent in cases of pulmonary hectic than in others, but still may occasionally be observed in all. In young persons also dying of tubercular abscess of the lung, a particular kind of delirium has been frequently remarked a very short time before death. It occurs at night when they lie with their eyes open, and to all appearance quite awake, and speak of persons and things which have no visible connexion with their waking thoughts—frequently they imagine their beds to be surrounded by angels or some such pleasing supernatural vision, and when roused from the reverie are totally unconscious of the circumstances.

Patients who die under the wasting influence of hectic fever cannot be said to die suddenly; but in general they die unexpectedly, and at a moment when the event is not calculated on by their friends. Very often there is no premonitory symptom to foreshow

approaching dissolution, but in some instances there are indications that cannot be mistaken. I regard restlessness, a desire to be removed from one room to another, or from one part of a room to another, as exceedingly alarming, and have known some consumptive patients die in the arms of their attendants whilst thus being changed about. The symptom of the delirium at night, I have already mentioned, as well as that of speaking of future dresses and amusements. When there has been severe pain in the side or elsewhere, its sudden subsidence is unfavourable; and there is occasionally a wildness of expression in the eye for two or three days before death, like that of patients suffering from acute mortification. If, in cases of pulmonary hectic, the breath becomes abominably and intolerably fetid, death will shortly supervene, for the lung has probably become gangrened. A sudden activity of the absorbents is usually followed very soon by dissolution: thus, in the case of a young lady who had been near-sighted from superabundance of the aqueous humour of the eye, perfect vision was restored during the last three days of her life, and she could read the smallest print without inconvenience. In like manner, I have seen a hydrocele disappear suddenly within seven hours of a patient's death. In hectic fever, the inferior extremities swell, and become anasarcaous: this is an early symptom, but it increases with the duration of the disease, and towards the latter end the legs are enormously swollen, forming a frightful contrast with the general emaciation of the remainder of the body. In some few instances this anasarcaous fluid has been removed, and the limbs restored to nearly their former size; and in like manner we sometimes see old ulcers suddenly healed, and the discharge from the cavities of abscesses suppressed, as premonitory notices of approaching dissolution.

In hectic, the circulation is always accelerated, the pulse being seldom below 90: often up to, or about 120: small and hard under the finger, as if the artery was rigid and contracted in size. Indeed, the entire arterial circulation appears in reality to be affected with some such rigidity, for I think the arteries of a subject dying of this disease are seen to be smaller and firmer than those of another of similar age perishing by any other complaint. It is, however, difficult to prove the truth of such a speculation with respect to the vessels; but the heart itself is evidently small and contracted in such subjects, particularly those that have died of pulmonary consumption.

I have now endeavoured to describe hectic fever as it may be supposed to appear in its most perfect form; yet, after all, this perfection is little more than imaginary, for rarely or never does any one patient exhibit all these symptoms. I have also endeavoured to point out to you that this fever is not, or at least is not supposed ever to be met with, unless in connexion with some other disease, and that the prevalence, as well as the destructiveness of any one particular symptom, is intimately connected with the original affection. In short, I regard hectic fever rather as the symptom of a disease than a disease itself; and I consider that if the original complaint admits of removal, either by operation or by medicine, the hectic will consequently disappear. It is on the truth or falsehood of this principle that the entire treatment of the disease will ultimately hinge; and it will be found that when the cause admits not of removal, the most that can be done is to palliate its symptoms. On this point I deliver my opinion without hesitation, although in some respects it differs from that of Hunter, whose doctrines have been implicitly received and acted on from his time to the present day. He conceived that hectic might have a two-fold origin—one local and one constitutional, and says—"We



should distinguish well between a hectic arising from a local complaint entirely, where the constitution is good, but only disturbed by too great an irritation, and a hectic arising principally from the badness of the constitution, which does not dispose the parts for a healing state. The former of these is the case for operation—the latter should not be meddled with." In either case, we observe, there must be a local disease, and the difference is in the constitution; and if by "badness of the constitution" is meant the existence of a local disease in some vital organ, or of many local diseases in organs even of less importance, but which are nevertheless incurable, it can be easily understood and acceded to. No one thinks he can cure hectic fever, if the cause is a tubercular abscess in the lungs; or that cutting off one knee would be of much use if a similar disease existed in the other, or in the hip: but, farther than this I cannot go: for I cannot find an instance of hectic fever produced by the operation of a bad constitution on a sore. I can understand that if a man, bloated with eating and idleness, meets with an accident, (a compound fracture for instance,) his constitution will act on the sore, and probably will occasion gangrene; or, if he is a poor, half-clothed, whiskey-drinking wretch, the sore may become irritable, and the patient die of irritative fever; but I cannot reconcile to myself that any peculiarity of constitution will either produce hectic fever as the consequence of a trivial sore, or maintain it after the local cause had been removed.

I do not find that the presence of hectic fever acts on the local disease at all, for if it did, it should follow that few, if any, of these complications would ever recover. If the discharge from a large abscess produced hectic, and this, in its turn, re-acted, and increased and aggravated the local mischief, the case ought to become progressively worse, until death closed the scene. But the contrary is the case: we find an abscess begin to heal even when the hectic is at its worst, and this latter then takes its character from the improvement of the local disease: we find hectic fever attendant on burns, and the progress of the healing not interrupted by it: we see it in some forms of venereal eruptions, and yet these subside spontaneously and without medicine; in short its influence on the local disease in all these instances seems at best to be but trifling. But the best illustration I can adduce is to be derived from diseases of the joints. In my earlier days almost every joint affected with white swelling was sacrificed; the surgeon examined about the night sweats and other symptoms, declared that the patient was running down with hectic, and decided to cut off the limb. Now, the great majority of those cases recover by ankylosis, although hectic fever to a greater or less degree occurs to them all. I, therefore, conclude that hectic fever is a constitutional symptom, attendant on a local disease, and curable by its removal, if it can be removed *with safety*.

The treatment of this fever, then, involves the management of every disease in which it occurs as a symptom, and is in every respect secondary to it. If the original affection can be removed by medical treatment or surgical operation, we pay but little attention to the hectic; if not, we must attempt to palliate the febrile symptoms, because they are most obvious to the patient, and appear to be wasting and destroying him. In cases where the paroxysm is well marked and the sweats profuse, I regard attention to diet as being of the greatest importance; and as this involves a question on which practitioners have not agreed, I can only mention my own experience, and beg of you to determine the point for yourselves, by every opportunity that may occur. In a disease apparently so wasting, and when every

night produces a copious sweat, it seems not unreasonable to suppose that the system should be nourished in a proportionate degree, and not only that the patient's appetite should be fully indulged in quantity, but the quality of the food should be most nutritive. Most practitioners allow their patients fresh meat, soups, jellies, and occasionally wine and ale. I have heard a tumbler of this latter recommended, as an excellent medicine for checking perspiration at night, by a surgeon of the greatest eminence; yet am I not, notwithstanding, an advocate for this diet, for I think that everything that can tend to accelerate the circulation, exacerbates the paroxysm, and is certain to increase the sweats; and I have found the greatest benefit from restricting my patients to the use of milk and vegetables. It is, sometimes, difficult to accomplish this; for the patient's appetite is (as I have stated) capricious, and the mere fact of being prohibited, renders these forbidden meats more desirable; but a few trials will convince the sufferer, by shewing him how this indulgence brings on the paroxysm two or three hours earlier than it would otherwise have occurred; how it renders the sweats more profusely colliquative, and how it deprives him of sleep for the night.

The night sweats are best corrected by acids, the mineral such as the dilute-sulphuric and the nitromuriatic being chiefly employed: from six to ten drops may be given in a little water or other menstruum. In the majority of cases, I prefer the vegetable acid, and give two ounces of vinegar in a tumbler of water, sweetened to the patient's taste, and left by his bed side to serve as his drink by night—sometimes lemon-juice is used with advantage, and occasionally a variety of acids must be employed, one being adopted on the other seeming to lose its effect. Indeed all medicines are to a certain extent inoperative in this disease, for however a symptom may seem to be checked for a few days or nights, it is certain to return, and then the medicine must be changed. Whenever the sweats can be moderated, it is better not to stop them altogether, for, on their subsidence, the bowels come to be affected by diarrhoea: sometimes, particularly in the commencement, this is, or seems to be the effect of the acid medicine: but when the disease is more advanced, regular and frequent alternations of these symptoms occur and rapidly destroy the patient. When the diarrhoea is formed, we must then have recourse to astringents, opium, chalk, kino, catechu, and even acetate of lead: to which medicines the same remarks apply that I have already offered on the acids, when directed against the sweats. When the patient is a female, and the menstrual discharge irregular or suppressed, it must occupy a considerable portion of your attention, principally because it attracts so much of hers: for this purpose mild emmenagogues may be given always, taking care that the bowels shall not be gripped or diarrhoea induced. Some of the preparations of iron, as the carbonate, the tartrate, or the acetated tincture have been found excellent tonic medicines, and to answer the above purpose sufficiently well. As to the other medicines that have occasionally been celebrated for their efficacy in hectic fevers on the principle of supporting the strength or stimulating the vital powers into an increased activity such as bark, snake root, camphor, ammonia, &c., they are useless so far as this disease is concerned. They may be useful in combating the original affection, with which the constitution sympathises, and I cannot be expected to enter on a discussion as to all the diseases of which hectic forms a symptom; suffice it if I conclude by a short summary of the principles of treatment that I have already laid down at large.

1. Hectic fever is not a disease induced by the constitution: it never occurs idiopathically, but requires



the previous presence and irritation of some local affection to produce it.

2. Once formed, however its symptoms may be palliated, hectic cannot be cured until the *subsidence* or removal of its exciting cause.

3. The presence of hectic by no means involves that the original disease is incurable, and therefore is no excuse for resorting to a surgical operation until the hopelessness of the cure is demonstrated by other symptoms.

4. Medicine may be employed in hectic fever to palliate its symptoms, because it is by these symptoms, the sweating and diarrhoea, that the patient is weakened and apparently carried off at last, but they should principally be directed to the amelioration of the original disease.

5. When the original disease is obviously incurable and situated in a part that admits of removal, there should be no unnecessary delay. I, certainly, know of no symptom, (except the dysenteric state of the bowels,) which precludes the hope of recovery, and it is astonishing how rapidly the hectic fever subsides when the cause of irritation is removed; yet, sometimes affections of the chest seem to be produced by the acceleration of the circulation in hectic, and as this would be a bar to operation, the possibility of such an occurrence ought to be avoided.

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

JANUARY 17, 1840.

Mr. RUMLEY in the chair.

Dr. Houston said that the preparation he was about to lay before the society, was, to a certain extent, interesting, as the history and circumstances were known to him. The case was one of disease of the pericardium and heart, and he would read a few notes of it taken during a long attendance on the patient. A charter school girl, about three years ago, being then about ten years of age, was attacked with articular rheumatism, the knees, ancles, and wrists being the joints chiefly engaged. Suddenly, while the arthritic inflammation was at its height, metastasis took place, and the pericardium became the seat of disease. At this period she was seen, for the first time, by Dr. Houston. By means of leeching, mercury, and other appropriate means, a rapid progress, towards convalescence, took place, and the disease was arrested. The pericarditis and arthritic inflammation gave way as soon as the system came under the influence of mercury, but her recovery was slow and imperfect; for the space of three or four months the joints remained weak, and the heart palpitated violently on the slightest exertion. Still the rhythm and sounds were normal, and there was no *bruit de soufflet*. During the following summer she increased in stature, had a good appetite, and always appeared lively and cheerful; but she was incapable of making any exertion, and the slightest attack of illness left her an invalid for weeks. The principal symptoms under which she laboured, on such occasions, were dry cough, hurried breathing, and palpitations. At the commencement of each winter she caught cold, and this fixed on her so obstinately that it required two or three months to shake it off. In the month of November last, measles broke out in the school where she resided; and Dr. Houston watched her with attention, anxious to ascertain what the result would be if she took the infection. Five of the girls, who slept in the same ward, were attacked with the eruption, and did very well. She became infected, and was very ill before the measles came out, her

chief symptoms being hurried breathing, and palpitation of the heart. When the eruption came out she was much relieved; she went through the acute stage with very little distress, and the measles disappeared in the usual time. The tongue became clean—the affection of respiration diminished—the heart, though still labouring, was comparatively quiet, and she was anxious to leave her bed. At this period matters took an unfavorable turn, the heart became violently affected, and, at each pulsation, shook her whole frame, even to the ends of the fingers and toes, while the pulse at the wrist remained small and feeble. The sounds of the heart, however, bore their proper relations and character, and there was no *bruit de soufflet*. During the day she was tolerably easy; but at night she suffered great distress, was quite restless, and remained in a sitting posture. She died on the 31st of December, seventeen days after she had been attacked with measles, and, apparently, from arrest of the circulation in a weakened and overloaded heart. In this case the disease was looked upon as pericarditis from the commencement, and treated as such. The deranged action of the heart, however, continued, and increased on the slightest attack of illness, particularly whenever she caught cold. On the last occasion, when attacked with measles, she got over them with comparative ease; but, on the subsidence of the fever, she was seized with the violent train of symptoms, which ultimately carried her off. From this case several conclusions may be drawn. In the first place, it affords evidence that the metastasis of rheumatism, from the joints to the pericardium, is inflammation of the latter. It was such at least in this case, as might be seen by inspecting the preparation on the table. The heart was nearly three times the size of the heart of a child of the same age, and appeared to have undergone a very remarkable amplification in all its parts. The walls of the left ventricle were very thick, and its cavity dilated; the right ventricle was in a similar condition. The auricles, particularly the left one, did not appear to have suffered so much, and were comparatively free from extensive alteration. The lungs were congested with dark-coloured blood, but were otherwise healthy; there was no trace of scrofula in any part of the body. The pericardium was universally adherent to the heart by old and firm adhesions; it was quite evident that there had been no recent attack of inflammation in it. It appeared that, with respect to the two changes, the inflammation of the pericardium was the first step, and the enlargement of the heart the second. [Doctor Houston here shewed the heart and pericardium coated with a thick layer of lymph. He also exhibited another specimen of pericarditis in the recent stage, in which the heart is but slightly augmented in size, and said that he had no doubt, that in the first instance the heart, belonging to the girl whose case he had described, presented a similar appearance. Another specimen, taken from a child two years old, and in which there was universal adhesion was exhibited to shew the great degree of hypertrophy which takes place under such circumstances.] Why the heart should become enlarged, as a consequence of pericarditis, was a question of considerable importance. He thought it probable that the embarrassment produced in the motions of the heart, by the abnormal state of the pericardium, led to excited and increased action of that organ, and, according to a well-known law, to increased growth of its substance. There was one point in the case which Dr. Houston thought might lead to the establishing of some diagnosis between cases with and without adhesion. In the case before him there was universal adhesion, and it struck him that he had never seen such violent action of the whole organ; the pulsations were visible



not only over the walls of the chest, but also over every part of the body. Where the heart acts violently, and without any motion on its own axis, the impulse will be conveyed to the neighbouring parts to a far greater extent than under other circumstances. Independently of the pericardial disease, and the enlargement of the heart, in this case, there was no other lesion of any importance. The mitral and tricuspid valves were sound, but those of the aorta were thickened and opaque, and seemed to be incapable of closing the canal of the artery so as to prevent the reflux of blood. This circumstance might have added to the obstruction of the heart's motions, and increased its action. The substance of the heart itself was of a dark red colour from congestion, while the rest of the muscles were pale and rather anæmic. There was one question more he would ask: Why was it that after the fever was over, and the heart had come back to a comparative state of rest, it should have again taken on such violent action? The child, it was to be observed, was pale, feeble, and emaciated after the fever, there was great debility in the whole muscular system, and muscular action, which plays so important a part in carrying on the circulation, had almost suspended its function. In this condition there was more labour thrown on the heart; and this, it is to be presumed, caused a corresponding increase of action. Hence the over-excited and weakened state of the organ, a state which ultimately terminated in oppression and arrest of its functions. Dr. Houston had seen several cases in which death had occurred in the same way, where persons, after appearing to recover from attacks of a debilitating kind, had sunk quite suddenly and unexpectedly. He would not make any farther observations on the case, as he had brought it forward chiefly to excite discussion.

The CHAIRMAN said the case was interesting as furnishing a satisfactory proof that pericarditis was a result of metastasis of rheumatism.

Dr. BENSON observed that, although there was nothing new in the case, it was in many respects valuable, and served to establish some points on which doubts might by some be entertained. It had shewn that there is such a thing as metastasis from external organs to the heart, and that in such cases the serous lining of the pericardium may be the seat of inflammation. This, to be sure, was nothing new, it was a fact of which the profession were already aware, but this case was an additional instance to establish the fact, and as such was of some value. Another point established by it was, that in cases of inflammation of the pericardium, and particularly where adhesion was the result, the disease was very likely to terminate in hypertrophy of the heart. There was nothing new in this either. He had seen many examples of it, and was quite satisfied that it was a very common consequence. But an instance in proof of it so clearly brought out, had its value. Another point to which Dr. Houston had directed the attention of the society was, whether it was possible to form a diagnosis between cases in which there was adhesion, and cases in which there was not. Various symptoms have been laid down as useful in assisting us to form our diagnosis, and among others it was stated that where there was adhesion there was a feeling of tension and dragging about the part, and a depression or dimple which could be seen in the epigastric region. Dr. Benson had paid some attention to these matters, but could not satisfy himself that they were diagnostic marks; indeed he thought they were not, and had seen several cases of pericarditis, in which they were altogether absent, although adhesion was afterwards proved to have existed. Neither could he think that violent action of the heart was to be relied on as

diagnostic of adhesion. In the case related by Dr. Houston, there was great hypertrophy and this would be sufficient to account for the violence of the heart's action. The facts related by Dr. Houston were of interest, as tending to the elucidation of several points. The cause of the subsequent excitement, and the violent action of the heart without any fresh inflammation was rather a curious circumstance. He wished to know what kind of fever the child had?

Dr. HOUSTON said she had the ordinary febrile symptoms, which attend measles, but the fever had declined and the child was doing well when the last fatal attack came on.

Dr. BENSON said that in some cases of fever the heart is found softened, and its action diminished; but in this instance it appeared to be in the opposite state, its tissue being red and firm, and its irritability increased.

Dr. HOUSTON said, with respect to the dimple or depression in the epigastric region, alluded to by Dr. Benson, there was no such thing observed in his case.

Dr J. H. POWER said that early in the present month, an opportunity of dissecting the eye of a vulture had been afforded him, and that for a long time he had been anxious to ascertain the state of the organ of vision in that bird. Sir P. Crampton having learned that it was in his possession, kindly invited himself and his colleague, Mr. Mayne, to his house, and dissected for them the muscle, situated behind the cornea, in this as well as in other birds, and which had originally been described by Sir Philip. The following is extracted from his account of the organ, published in the year 1803:—

"This organ is a distinct muscle, which arises from the external surface of the bony hoop of the sclerótica, and is inserted by a tendinous ring into the internal surface of the cornea, about one line within its circumference. In order to demonstrate the muscle, it is necessary only to remove the anterior segment of the eye, just behind the bony hoop, and then the pigmentum nigrum being carefully washed (or rather wiped) away, the iris is to be gently detached from the ciliary circle, and the choroid coat from the sclerótica. Some delicacy is necessary in performing this part of the operation, for the muscular fibres adhere to the internal surface of the choroid coat, as well as to the bony hoop; if the choroid, therefore, be not slowly and carefully detached, many of the muscular fibres will be separated from the bone, and confounded with the membrane and its pigment.

"When the muscle is exposed, its fibres, which in the ostrich are  $\frac{3}{8}$  of an inch in length, will be distinctly seen to arise from the posterior edge of the bony hoop, and to terminate in a well defined tendinous ring, which advances a little within the circumference of the cornea, to which it is firmly attached. In the smaller birds, as the goose and the turkey, the extent and attachment of the muscle may be demonstrated, by stripping off the fibres from the inner face of the bony hoop; this can be easily effected by means of a sharp-pointed dissecting forceps. By pursuing the dissection in this way, the whole of the muscle may be detached from the bony hoop, and if the circular tendon be pulled with sufficient force, it will, in separating, bring with it the internal lamina of the cornea, into which it is firmly inserted. The muscular fibres, the ring-like tendon, and the internal lamina of the cornea, may then be expanded upon paper, and in this state the muscle may be conceived to bear some resemblance, in the disposition of its parts, to the diaphragm—the radiated muscular fibres corresponding to what is termed the great muscle of the diaphragm, and the lamina of the cornea to the central tendon;



and if the opinion which I have ventured to suggest, with respect to the use of the organ, be found correct, the analogy will be complete. For as the effect of the contraction of the muscular fibres of the diaphragm, which are attached to the ribs, is to depress the central tendon, or in other words to lessen its convexity, so the contraction of the fibres which are attached to the bony hoop of the eye, are conceived to diminish the convexity of the cornea. The thickness of the muscle, as well as the manner of its insertion, may be most conveniently demonstrated, by cutting the anterior segment of the eye through its diameter; the fibres will then be seen upon that part of the cut edge which corresponds with the bony ring. To complete the demonstration, a pin or thin probe may be passed between the muscle and the bony hoop. A very striking circumstance, connected with this organ, is the great number and size of the nerves with which it is supplied: in the ostrich I can distinguish eight large trunks, which, having entered the muscle at different points of its circumference, run parallel to each other for some distance, and then breaking off into innumerable branches, form a plexus or tissue of singular beauty, which almost invests the external surface of the muscle. These branches are derived from the long ciliary nerves. A mere inspection of the attachments of this muscle, will be sufficient to suggest its action, for since the bony hoop, from which the fibres arise, must be considered as a fixed point, the cornea into which they are inserted, and which is comparatively moveable, will be drawn inwards by their contraction. I endeavoured to bring the matter to the test of experiments, by means of the galvanic influence. The action of the muscle was excited in the eye of a turkey-cock, a few minutes after the head had been separated from the body, when it was observed, that every contraction of the fibres appeared to be attended with a corresponding motion of the cornea, but it may be demonstrated by a more simple and less questionable experiment, if the fibres be drawn upwards by means of a forceps, the cornea may not only be flattened, but its convexity may be made to respect the iris.

"Since then it may be demonstrated, that this muscle is in its action a depressor of the cornea, it seems scarcely necessary to add, that the effect of its contraction must be to diminish the refractive power of the eye. It seems probable, therefore, that the eyes of birds are, in the ordinary state, possessed of a high refractive power, and an eye so constituted, seems to be peculiarly well adapted to the uses of the animal, while it rests upon the earth, but when it soars in the middle regions of the air, the rays proceeding from the objects below, must arrive at the eye in lines, which may be considered as parallel, consequently, to form any thing like a distinct image, the refractive power of the organ, must be lessened as the divergence of the rays decreases. This adjustment may be perfectly effected, by diminishing the convexity of the cornea; and it has been shewn, that there is in the eye a muscle, to which this function may be assigned."

Dr. Power said he was indebted to the kindness of Sir Philip Crampton, for a perfect demonstration of this muscular apparatus. [Dr. Power here exhibited a drawing of the muscle, which excited much admiration.] He shewed the tendinous zone from which the muscle arises, and exhibited the muscular fibres arching over the inner surface of the bony hoop of the sclerótica, which formed for them a kind of pulley, and in this way gave a greater freedom of action to the muscle itself. There is a quantity of loose cellular tissue between the convexity of the bony hoop and the portion of cornea attached to it, and the muscular fibres which play over these parts. What Dr. Power, however, wished chiefly to direct the attention

of the society to, was a ganglion which was developed on certain branches of the ciliary nerves in the internal surface of this muscle. He pointed out these branches which go to supply this structure and shewed their various anastomoses as well as the ganglion alluded to, together with a remarkable circle of nerves arising from the ciliary branches, and situated near the inner border of the muscle. Another remarkable circumstance which struck him during the examination, was the mode in which the extreme nervous filaments were distributed. They were given off so as to decussate the muscular fibres nearly at right angles. This seemed to confirm the statements advanced by Prevost and Dumas, as to the mode of distribution of the ultimate nervous filaments with regard to muscular fibres in general. Dr. Power said he intended to have brought the head of the vulture to exhibit another peculiarity of conformation, but it had not reached him at the time he left home to attend the meeting. The peculiarity to which he alluded, was a remarkable projection of the supercillum. This animal which does not pursue its prey aloft through the air, but generally feeds on dead animal matter placed beneath it, would require some such provision to intercept the rays of light from above, and prevent them from thus obscuring its vision with respect to such objects as are placed beneath it. Thus when a person wishes to examine objects below him in a strong light, he places his hand over his eyes as a shade, and in this way has the power of examining them much more distinctly. The structure of the lower eye-lid in the vulture is also very curious. It has, entering into its composition, a cartilaginous substance, resembling and analagous to the tarsal cartilage but of a circular form; when the eye is closed, this substance resembling an operculum, is accurately adapted to the anterior surface of the cornea, and appears to be an additional provision for the defence and safety of the eye, the chief organ by the aid of which those birds undoubtedly procure their subsistence. Dr. Power in conclusion observed, that the principal points to which he begged to direct the attention of the meeting, were the ganglion, which he, Dr. P. had described, and the circle of nerves in connexion with it, and these he wished to advert to as collateral proofs of the muscularity of the apparatus, which had been originally described by Sir Philip Crampton. Dr. Power intimated to the society, his intention of pursuing the investigation of the subject.

Mr. MORGAN commenced by saying that the few remarks he had to make on what he considered a valuable medicine, but latterly growing into disrepute, were chiefly intended for the junior portion of his hearers, and to show them practically, and by experiment, the folly—nay, the absurdity, of ordering cubebs as they are prescribed at the present day, and by men of acknowledged eminence and large practice. The facts he was about to allude to were, no doubt, known to many in the profession; but, strange to say, they were never acted on. The extraordinary and conflicting testimony of authors and lecturers on the value of cubebs in cases of gonorrhœa were, to say the least, curious; one man extolling the peppers as a specific, while the other never saw a single case cured by their administration. Supposing then, indeed, of which there was no doubt, that the *essential* oil was the active medicinal principle, the problem was easily solved. On looking into the history of the Java pepper, he found that it, like most other vegetable products, was largely adulterated, and shamefully prepared for medicinal use. The London and Liverpool wholesale druggists, who supply the apothecary with the drug, send it chiefly in the state of powder, having previously added a fair proportion of pimenta



berries, and Turkish yellow berries, (that is, the dried fruit of the *rhamnus catharticus*.) and it is much to be feared also, deprived of a large proportion of its essential oil. But, taking for granted all was right, no adulteration, no extraction of the oil, its being so kept in the powdered state by the apothecary, the essential oil is rapidly dissipated; and on looking at the cover of the containing jar, the oil is seen largely adhering. Those facts induced him to speak to Mr. Herron, the respected proprietor of our national medical hall, on the subject, and he fully and entirely agreed in the propriety of purchasing a mill, and grinding the whole pepper as the prescription came to his compounding department. The result was most satisfactory. That the recently ground cubebs contain a much greater proportion of essential oil, Mr. Morgan satisfactorily proved, by a simple experiment. He procured from different shops in town samples of powdered cubebs, among them one ground in London late in the past year, as also one recently ground in Mr. Herron's mill. He placed each sample separately in several folds of bibulous paper, and subjected them to pressure. On examining the packets, he found that those had in the powdered state, scarcely soiled the envelopes, while that *recently ground* perfectly saturated all the folds: he considered that the experiment also proved the necessity of dispensing the medicine in stoppered bottles; or, what would answer equally well, and pay the apothecary better, in waxed papers. [He here handed round the samples, stating that they spoke for themselves.] The thirst for adulteration was so great that they even tampered with the unground pepper; but in that state it was easily discovered. The pimenta berries want the foot stalk, are bilocular, and contain two seeds; the cubebs, one; the *rhamnus catharticus*, four. To prove the thing practically, Mr. Morgan selected twelve cases of gonorrhœa indiscriminately. He treated six with the recently ground cubebs, and six with the powders had from different shops. [He here read the notes of the cases, and the result proved the decided superiority of the former.] He would detain them a few moments, and mention a case which he considered conclusive on the matter. A gentleman, in June last, contracted a gonorrhœa, and was treated by a physician enjoying a large practice, who dosed him most unmercifully with the ordinary cubebs of the shops for twenty-four days, without the slightest effect. Mr. M. saw him after, and injected him with nitrate of silver effectually. In a few days he went to the country, and became again diseased—was a second time dosed with provincial cubebs, perhaps some years on the shelf, with the same result. He returned to Dublin in December last, and being rather of an amorous disposition, was induced a third time to taste of the forbidden fruit, but the temptation proved unfortunate. He saw him, and much against his will prevailed on him to take cubebs; for he jocosely remarked that nature never intended his stomach for a saw pit. Mr. M. saw them ground and dispensed in a stoppered bottle. He took them in the usual dose with six grains of nitrate of potash three times each day; on the fourth day the discharge was considerably lessened, and on the seventh entirely disappeared. It was quite clear idiosyncrasy had nothing to do in this case; the inferiority of the medicine, and the total neglect of the preservation of the essential oil, being the cause of failure in the former administrations. For his own part he preferred giving the essential oil, if he could rely on its purity. [Here he showed a specimen of it.] The dose being small, and when given in the form of emulsion, is both seemly to the eye, agreeable to the taste, and less likely to cause derangement of the stomach and bowels. In conclu-

sion, Mr. Morgan read letters from Mr. Herron, Sackville-street, Mr. Hope, Dawson-street, and Dr. Halahan, Stephen's-green, all of whom procured mills as suggested by him, and expressed themselves satisfied with the resulting benefits.

Mr. WILLIAMS said he was fully prepared to coincide with Mr. Morgan in the statements he had made. There was a great tendency to adulterate expensive preparations or substances from which the active principles could be extracted with facility. With respect to cubebs he believed it was a precept in pharmacy not to purchase them in the state of powder. The adulterations and mismanagement of this drug were, he believed, generally known, but he thought it valuable to have specific instances brought forward from time to time, and to have some one to remind the profession of any fact, or class of facts, which might have fallen into neglect or disrepute. With regard to cubebs, Mr. Morgan had tested its efficacy in various states, and had brought forward very satisfactory evidence that care should be taken in selecting it for use.

SIR JAMES MURRAY bore testimony to the facts put forward by Mr. Morgan, particularly with reference to the use of essential oil. He had lately witnessed a case in which the essential oil proved quite superior to the substance from which it is extracted—he alluded to valerian. In a case of complicated hysteria, which had been for a long time under his care, the valerian root had been tried in every form without effect. Some time back, a friend of his, Mr. Stephenson, of Limerick, made him a present of some of the essential oil of valerian which he had procured in Germany. He had administered it in doses of a few drops on sugar, five or six times a day, and found, that on the second day, the patient was able to leave her bed, and has since recovered. He had commenced with doses of two drops, gradually increased to ten or twelve.

Mr. KERIN said he had known cubebs to produce cerebral symptoms which looked like a threatening of apoplexy.

Meeting adjourned.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### OBSERVATIONS ON HERNIA.

By SAMUEL WALKER, Esq., Licentiate of the Royal College of Surgeons in Ireland.

FOR the reduction of hernia by the taxis, the practitioner is directed by authors, before he commences gradual pressure to relax the muscles, by rotating the thigh inwards and upwards towards the trunk, then, commencing at the superior part of the tumour gradually to press upwards and outwards, in inguinal cases, and backwards and upwards in femoral cases. Encreasing the protrusion has also been suggested, particularly when the difficulty of reduction arises from an accumulation of matter in the intestine. The difficulties appear to me to be hereby in some measure encreased, as the great relaxation must to a certain extent, prevent the reduction, and the non-success in many cases has been mechanically caused, by too strict an adherence to the directions above alluded to. The rotation of the thigh inwards and upwards of course relaxes the muscles and fascia, but the pressure of the tumour and its contents against them in this state, must on account of their laxity, in some degree increase the obstacle to the reduction. In order to exemplify this, if we place a given number of threads with fixed points, and running in different directions, so that each may act or be lengthened singly, or in unison with more during their rotation in



different directions; and pass between them a piece of intestine with contents, we will find on their relaxation a difficulty in its return. However, by alternately and gradually relaxing and tightening the threads, while pressing up the intestine, we shall find that its return is much assisted thereby, and that its contents are in fact pushed up as much by their gradual constriction, as by our manipulations. Although I must deprecate a long perseverance with the taxis in any case, still we come to the question, of the propriety of gradual alternate rotation inwards and outwards, and extension of the limb while we attempt it for the reduction of hernia. Should it only be effectual in removing any accumulation, it must of course remove the necessity for drawing down the intestine, as proposed by Mr. Lawrence. I feel however that I am further borne out in this proposition, inasmuch as patients when permitted to attempt to reduce the hernia, will invariably so act contrary to the direction of the surgeon in attendance, and instances have occurred, of the success of the patient, after the failure of the surgeon.

Dundalk, January 25.

#### DR. PHELAN'S CASE OF EXPULSION OF A PORTION OF INTESTINE PER ANUM.

The *Gazette des Hôpitaux* appends the following remarks to its translation of this interesting case, for which see *PRESS*, vol. 2, page 399:—"It is difficult to understand how a simple contusion on the abdomen could have occasioned this accident; but according to Lobstein's doctrine of the mechanism of the formation of intus-susception, we may explain it in the following manner:—The contusion may have weakened a portion of intestine, and the portion of the canal above that injured, still continuing its peristaltic action, may have drawn within it, like the finger of a glove, the knuckle of intestine, rendered weak and flaccid by the injury."

#### CHANCERY CACHEXIA.\*

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Having been lately on a visit to a professional friend in England, he chanced to speak of a very extraordinary case, which had been published by a Dr. Osborne of Dublin, in one of the medical periodicals, under the whimsical designation of "*Chancery Cachexia*!" My friend seemed anxious that I should, on my return to Ireland, procure the work, and make a point to read it, which I promised him to do.

When in Dublin, a few days since, I accordingly made inquiries as to where this case was to be found, and I obtained the desired information without any difficulty, as the case to which I allude had made its appearance not only in the medical journals, but had been published, *extra*-professionally, even in the newspapers. In theatrical language, it had produced quite a sensation, affording proof irresistible of the singular power of the doctor to excite, at the same moment, and by a single effort, emotions of the most opposite character. Those who believed the doctor to be really serious, laughed outright—and others who were not certain but the whole was intended as a jest, looked "profoundly wise." All, however, agreed that what with the name of "*Chancery Cachexia*,"

and what with the peculiar style and manner in which the entire of the case was got up, it was, truly, a most original affair, and in perfect keeping with the opinion that they had always entertained of the acquirements and capacity of the author.

I anticipated, therefore, an intellectual treat, when, having seated myself in an arm-chair, and, before a fine turf fire, I opened a parcel of books which I had brought with me to the country, and prepared to cut the leaves of the *London Medical Gazette* for December, 1839. I confess, however, that I have been greatly disappointed; and I deeply regret that a liberal profession, like that of medicine, should be lowered in the estimation of the intelligent and educated portion of the community by the publication of such an incoherent and inconclusive statement as that to which the doctor has given the sanction of his name. It is to be lamented that at present, when science is making such rapid progress—when all Nature is questioned, and her inmost recesses explored, with the most prying scrutiny, in search even of a single fact, by which to establish a truth, or to remove an error—a solitary link should be added to the chain of ignorance and prejudice, which still binds society in its iron fetters. To shake off such newly-forged link—to break this odious chain which knaves and despots would fasten on us is undoubtedly the first duty of every conscientious and honest-minded individual. He, who, having the opportunity, would not strive to do so is a recreant at heart—he deserves to have neither home nor friends—and, self-degraded, he justly becomes an object of contempt and scorn. Facts are truly valuable—but to draw from the ideal phantasies of an over-excited imagination, for statements which are totally destitute of foundation—in fashion them after the likeness of *truth*, and to endeavour to impress on them the stamp of an intrinsic excellence, is, in my humble opinion, a serious offence, scarcely pardonable if it shall proceed from ignorance—but positively culpable, and worthy of the most unqualified censure, if it shall betray the marks of deliberate intention, and of cool and calculating design.

I happen to *know* something of the individual whose case is detailed by Dr. Osborne; and what is more, I am thoroughly acquainted with the real facts of which Dr. Osborne absolutely knows *nothing*. These facts are altogether at variance with the statements of the doctor, and I, therefore, think it right—I deem it an imperative duty, to affirm, in the most distinct and unqualified manner, that the lego-medical imaginings of the doctor have no foundation in truth. The doctor's statements are, however, not made without an object. They are seriously intended to prejudice the public mind against lawyers, and the administration of the law, and, at the same time, to create a feeling of sympathy for the cruel treatment and protracted sufferings of two of the most amiable and deserving individuals in society—one, the pious clergyman, and the other, the worthy, and all but victimized Dr. Osborne himself.

This, at best, is bad taste. It is even not politic, for when personal feelings, and private interests evidently interfere, we are led to suspect that there always exists something more than meets the eye—that there is a colouring—a disguise—a something added, or a something withheld, unconsciously, perhaps, or, perhaps, intentionally; but which, nevertheless, from what cause soever it may proceed, equally distorts the truth. I give the doctor full credit for the zeal which he exhibits, in his attack upon what he conceives to be the frauds of others; and I am persuaded that he would not deliberately put forward statements which he knew to be incorrect. But while I thus, in the spirit of genuine charity, favor-

\* The writer of the above has communicated to us his name with permission to disclose it to Dr. Osborne. He says, "I put it to you to insert my letter, as a test of the strict impartiality of your excellent publication."—*ED. M. P.*



ably interpret his motives, I do not, therefore, consider myself released from the obligation of setting him right upon certain points respecting which he is evidently in great error.

First, however, let us learn from the doctor himself what it is that he has to say upon the important case of "Chancery Cachexia." And here, though it is but "fancy's sketch," methinks I now behold the learned doctor, mounted on his medical nag, yclept "Cachexia," and, like another Quixotte, commencing his career of knight errant—his brain heated by the contemplation of the real or supposed ills inflicted on society by the herd of lawyers and attorneys! With a stethoscopic trumpet in one hand, and a rusty lancet in the other, he rides full tilt against the collected phalanx of his opponents, confidently anticipating that if he can only stimulate his brethren of the stethoscope and the lancet to co-operate with him in his furious onslaught, he will exterminate the whole body of legal corruptionists—"a nuisance," in the words of the chivalrous doctor, "so enormous and intolerable that it *must* be abated." Again—the doctor sounds his trumpet, and, with a blast still more loud and shrill, he proclaims his hostility to "precedents and tedious forms of law, which appear to have been invented solely to render the laws ineffective for the protection of property, and to subject those who seek their protection to an unlimited and remorseless system of plunder!!"

Having thus declared war against the enemy, he next proceeds to make his grand assault, not *vi et armis*, but after the manner of O Connell, by "constitutional agitation." Finding it impossible, notwithstanding his frequent and energetic application of the spur, to urge his steed into a more rapid movement than that of half walk, half trot, he dismounts from his "Cachectic" charger, whose appearance gives evidence that the prophylactic regimen of "temperance and exercise," so prudently prescribed for him by the doctor, has effectually secured him against any of the diseases consequent upon repletion. Leaving the poor animal in his stall, the doctor enters his study—he flings down his stethoscope, and puts his lancet in its case, for his is a victory which must not be achieved by blood—he takes his pen—he dips its tip in ink tinged with recent gall, and then proceeds, *secundum artem*, to detail the case of a "Clergyman of the Established Church," a good and amiable man, who was killed, positively killed, by a chancery suit!! This worthy man, the doctor informs us, "complained of a stomach affection which was *entirely* occasioned by a course of proceedings in the Court of Chancery in which he had become involved; and having been appointed guardian to children nearly related to him, he, in that capacity, was *forced* into a litigation respecting the settlement of some of their concerns, which had kept him in a state of perpetual anxiety, agitation, and disappointed expectation for nearly three years previously." The doctor candidly confesses he "sympathized with him, having been, for above three years *myself*, detained in the master's office in a matter in which there is no difference of opinion, and which might have been settled in three days, and am still kept in it, until it shall please the *learned friends* on the opposite side to say that they have got enough—of which I have no expectation, until there is no more to be got!!"

Alas! for the doctor—no wonder that he should sympathize with the "decidedly pious" clergyman of the Established Church, whose amiable character he so pathetically describes, and whose "enjoyments were all sought for in the midst of his affectionate family, to whom he had been long endeared by the *open simplicity*, and unceasing kindness of his disposition!!!" No wonder that the doctor, being himself

similarly circumstanced, should sympathize with him, just as, if having a fit of the cholice, he would naturally sympathize with a patient suffering from the "painter's cholice," or if, to pursue the doctor's happy and forcible illustration, having the "itch," he were called upon to prescribe for a case of "grocer's itch!!"

The patient complained, in this instance, however, not of "cholice," or of "itch," but of "irritation of the mucous membrane of the stomach," from which "under treatment" he "recovered." But it would seem he was *only* "recovered," not cured; for in two months the doctor was again sent for, and his disease again "yielded to treatment." Then came the awful storm of the 6th of January, 1839, when the doctor was suddenly called up to see his patient, "who, on the previous evening, was in his usual health, except that the 'law's delay' was observed by his wife to have caused a constant state of perturbation and excitability."

He was again "recovered under the usual treatment," and here the doctor feelingly observes: "Let it be remembered that at this time the accounts in the master's office were still going on, and that this *amiable* man, on each recovery of health, was anew exposed to the hope deferred that maketh the heart sick." The doctor then forcibly animadverts on the heartlessness and dishonesty of the lawyers who fleece their clients without any compunction. "It being" the doctor assures us "a very common result, and one which excites *much merriment* amongst them, that besides the loss of the property at issue, both parties, plaintiff and defendant, are dismissed out of court utterly ruined!" This "unfortunate patient" the doctor again informs us, "had returned to the accounts about six weeks, when they began to exercise their most usual, and what may be termed specific action. His appetite declined, a short cough came on, and gradually increased. He did not regard this with any apprehension, his mind being now occupied with daily expectation of a settlement, which, whenever it took place, he was convinced would enable him to recover his wonted cheerfulness and health."

The "unfortunate patient," however, instead of sending for an *intelligent accountant*, and employing an *honest* attorney, which he ought to have done, and thus effectually accomplished his own cure, committed a sad mistake: he fell into the unaccountable error of again sending for the doctor. That such was the fact, we learn from the doctor, who states that "soon after, his strength rapidly declined, and he was compelled to confine himself to bed." Finally, the doctor's patient "was attacked with peritonitis, without any known or probable cause," which did *not* "yield to treatment;" and the doctor, with his accustomed sagacity, and in conformity, no doubt, with his extensive experience in similar cases, having anticipated a fatal result, called for *further assistance*. To "make assurance doubly sure," another doctor is consulted, but for what useful purpose it is not very easy to say, as the patient was already sure to die. The opinion of the second doctor was in exact conformity with that which the doctor had previously expressed; and, therefore, as was *a priori* to be expected, the patient, in strict accordance with the prognosis of the two learned doctors, "resigned his breath in peace and charity with all mankind, within forty-eight hours from the commencement of the last attack."

\* See "CHANCERY CACHEXIA"—account of an individual whose disease and death were occasioned by the delays and vexations belonging to legal proceedings under our present system of jurisprudence. By JONATHAN OSBORNE, M.D., M.R.I.A., Vice-President of the King and Queen's College of Physicians, in the second paragraph, page 399, of the *London Medical Gazette*.



The doctor submits, "that in detailing the above case of one who fell a victim to our present mode of carrying on legal proceedings, he has not stepped out of his province as a physician," and he concludes by a prayer that "the recital of it and others which are under the daily observation of medical practitioners, may rouse the public mind to put an end to what is so deleterious and demoralizing."

Having thus given the heads of this important case, as far as possible, in the very words of the doctor himself, I shall now offer a few remarks on it, and with a degree of sober seriousness becoming the nature of the observations that I think it right to make.

In the first place, as regards the detail of the medical portion of it, the description is so meagre and defective, and the mode of treatment which the doctor, in the exercise of his professional wisdom, may have thought proper to adopt, is so studiously concealed, under the vague and unmeaning designation of "usual treatment" that it is quite impossible to form a conjecture as to whether the "usual treatment" was judicious or otherwise. This case thus put forward by the doctor, in a manner so truly ridiculous as regards its pathology, its treatment, and the practical inferences which the doctor is pleased to deduce from it, is a pompous nothing. It sheds not one solitary ray of glimmering light upon any doubtful or speculative point in medical science—it offers not a single useful suggestion; and though emanating from the high source of the "Vice President of the College of Physicians," it has this as its only recommendation, that it is a perfect specimen of addle-pated declamation. An apothecary's apprentice, of only three months' standing, would have given a better description of the case, and have imparted more valuable information to the practitioner, than the "Vice President" has condescended to do. All the profession can learn from the case, as detailed by the doctor, amounts simply to this, that the doctor had a "clergyman of the Established Church" for his patient, and that "there lived and died a man!"

But the doctor may reply, "my intention was not to publish a medical case, but a legal case. The disease of which the patient died, and its treatment, are secondary considerations, and might be omitted altogether, it being my object, in the present instance, to prove that the death of this 'amiable clergyman' was occasioned by delays and vexations belonging to legal proceedings under our present system of jurisprudence. For this purpose I have invented the new name of 'Chancery Cachexia,' and of Chancery Cachexia, assuredly he died!"

Now, putting aside the plain and palpable "begging of the question" by which the doctor endeavours to establish his peculiar views of the case; his statement as to the remote cause of the patient's disease and consequent death, labours under this additional defect—that it is totally destitute of truth. I do not believe that the doctor fabricated this statement; nor do I think that, if he suspected it to be the gross fabrication which it really is, he could have been so utterly deficient in common intellect as to identify his name with a proceeding, so disreputable, in the first place, and in the next, so unlikely to be productive to himself of any personal advantage. It is plain that he is totally ignorant of the actual character, and of the private dealings of this "good and amiable clergyman," whose piety, and sanctity, and simplicity of manner he so highly eulogises. Does the doctor know that this man, in his dealings, and not in a few but in numerous instances, was fraudulent, unprincipled, and litigious? True, this clergyman wore a sort of shovel hat—he affected to be an "evangelical" preacher of the doctrine that "we are to be justified by faith alone"—he practised long prayers before

meals; and, in short, among nine-tenths of the old women of his acquaintance, and I throw the doctor into the number as a make-weight, he passed for a "wondrous good," and, as the phrase goes, a "decidedly pious" man. But, surely these "old women," including the doctor, could not be aware that this "pious" man was a most corrupt trafficker in the purchase and sale of church preferments, and that the frauds which he practised in the course of those irregular and disgraceful transactions were of a nature almost to exceed belief. Does the doctor know that in consequence of those transactions, the "evangelical" reputation of this "decidedly pious clergyman" had suffered seriously in the estimation of very many matter-of-fact persons, who hold that "works" are fully as necessary as "faith," and that these persons had latterly rejected his acquaintance, or refused to acknowledge his salute on their meeting him in the street? It is quite true that the reverend gentleman was involved in extensive litigation; but this litigation originated in his own misdeeds, and in his own endeavours, by every possible delay, and artifice, to frustrate the law—to appropriate, to his own use, property to which he had no claim—and to withhold from others, the payment, or even acknowledgement of their just demands. This man, it would appear from the doctor's description of his case, suffered from considerable mental anxiety. And what of this? It would be strange, indeed, if it were not so, for where conscience often sleeps, the near approach of public exposure and disgrace, not unfrequently alarms the guilty mind, and the instinctive feeling of selfishness, rather than of repentance—in short, the dread of punishment, by a just retribution, anticipates the period of its actual infliction. Food, the most nutritious and palatable, palls upon the appetite of the "conscience stricken," when he contemplates the consequences of the detection that awaits him—sleep brings to him no repose—he starts at the sound of his own half-suppressed moanings—and his eye, with rapid and fitful glance, wanders unceasingly lest he should behold, in every new face, the reproachful look of some dreaded accuser: and is it to be wondered that, under such circumstances, the health sometimes gives way, and the corporeal fabric breaks down?—by no means. It is not at all an unfrequent occurrence. Every moralist is acquainted with the fact; and every judicious and practical divine employs it to enforce, by example, the destructive effects that, in some shape or other, are sure to follow, sooner or later, from the deliberate and habitual violation of Christian duty. But, therefore, should I dwell on this subject? I do not wish to enter into a minute detail of particular transactions. It is unnecessary, and I think it would be unseemly to do so. Neither have I the slightest inclination to attempt the unprofitable task of illuminating the mind of the "Vice-President of the College" on these matters. It is enough that I contradict his statement, and deny the correctness of his conclusions.

I remain, gentlemen, with profound respect for your talented and disinterested exertions in the cause of medical reform,

A FRIEND TO TRUTH.

#### TO CORRESPONDENTS.

Communications received from the General Register Office, Drs. Apjohn, (Pallas Green,) Mee, (Dunfanaghy,) Martin, (Portlaw,) Alcock, (Mount Nugent,) Reardon, (Stockport,) Fitzpatrick, (Kilworth,) Thorburne, (Liverpool,) Maher, (Galway,) Greene, (Urlingford,) Muffett, (Glaslough,) Beales, (Cahir.)

We have to apologise for holding back several communications.



## TO OUR SUBSCRIBERS.

We have accidentally learned that one of our English readers has been charged by his bookseller, £1. 12s. as his year's subscription for the Press. This was a dishonest extortion, as the bookseller must have also had his commission from us or our agent, and had no right whatever to charge his customer more than £1. 5s. He had not even the trouble of transmitting the Journal, as it went direct through the post from our office. To avoid such impositions in future, we would recommend gentlemen who may desire to receive the Press, to communicate, directly, either to our Dublin or London office, or through any of our respectable agents. Money can be easily forwarded by a post-office order, or small sums may be sent at the expense of one penny in a prepaid letter. If any person wishes to receive twenty numbers of the Press, he can enclose us half a sovereign—if a single number only is required, it will be forwarded by return of post to any part of the empire, on receipt, at our office, of a prepaid letter, containing 6d. and the address of the writer.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 12, 1840.

## EDUCATION.

WE have repeatedly reminded our readers, both by word and instance, that one of our main objects in originating the Press, was to furnish a means of developing, in the service of humanity, those large resources of intellect and influence, which we believe to be in the keeping of the medical profession. It has, therefore, been our constant desire, on the one hand, to teach the public that medicine has nobler uses than the mere cure, or alleviation of disease—that its advantages are not limited to the sick and infirm, but that if its principles be thoroughly understood, and its practical applications effectually wrought out, it must become a most powerful agent for advancing civilization, and spreading its inestimable benefits through the uttermost parts of the earth. On the other hand, we have lost no opportunity of enforcing upon our brethren the propriety of holding constantly in view the obligations and the privileges of their order. Medical men are, indeed, removed from the necessity of engaging in questions of mere party interest—they seldom are called upon, and still less frequently ought to yield to a call, to join in the strife of political factions; but still they should never forget that this very neutrality gives them greater opportunities of usefulness, and that interest and duty alike demand that they shall prove themselves good citizens, by an active and faithful interference in all matters which concern the social relations of the community in which they live. Holding these views, we do not consider it as beyond our province to direct the attention of our readers to the all-important subject of education; and we are more especially willing to do so, as the consideration of this question has lately been taken up with a degree of comprehensiveness which renders it certain that medical education must be, more or less, included in any general arrangements which may be entered into, and, of course, in the character of these, medical men must feel even a selfish interest.

The line we propose following, in our present observations, is to offer a brief sketch of the plans and suggestions put forward in the report of the select committee on education in Ireland, which was printed, by order of the House of Commons, at the close of the session of 1838; pointing out, as we go along, the

bearings of these upon the special subject of medical education. We have reason to believe that a series of bills, founded upon this report, and designed to carry the suggestions, contained in it, into effect, will be introduced by Mr. Wyse, during the present session; and yet we think it likely that few of our readers possess even a general acquaintance with its contents. The objects recommended for the consideration of parliament are, the establishment—1. Of 'an extended, improved, and permanent system of elementary education.' 2. Of 'an extended, improved, and permanent system of academical and collegiate education': and, 3. 'The extension of literary and scientific institutions, museums, libraries,' &c., or the establishment of what is termed 'subsidiary education.'

In seeking to attain the first object, the committee do not propose to interfere with any schools which are not, in part, at least, supported by grants from the state; but for the governance of all which fall within the latter class, and for the general administration of national education, they recommend the organisation of a government board, responsible to parliament, and entrusted with the management of a parliamentary grant. This board, they conceive, should be selected by government, and they throw out a suggestion that it should be presided over by a public officer, analogous in character and functions to the minister of public instruction in other countries. There should be on the board at least one paid commissioner for each department of public instruction committed to it. It is also proposed that the board should be incorporated, and empowered to purchase, lease, and hold land, to build school houses, and to expend money for outfit in books, &c, as well as to prescribe a system of education, and to instruct teachers. The officers of the board should consist of secretaries, inspectors, counsel, and architect. Among the duties of the secretaries would be the important one of compiling statistical and other information relative to the state of education in the different departments; those of the other officers named will be easily understood. To meet the current expenses of the several schools, it is proposed that power shall be given to the inhabitants of localities, in the first instance, to hold a 'school meeting,' in order to determine upon an application to the board for the building of a school house, and subsequently to present a rate for defraying the salary of the master, firing, repairs, &c. The local management of the schools, so far as their economic arrangements are concerned, it is proposed to entrust to a 'school committee,' to be elected by the payers of 'school rate,' in like manner as the guardians of the poor are chosen. It is recommended that the teachers shall be paid partly by fees from the pupils, and partly by a fixed salary, the latter to be liberal and permanent. The choice of teachers to rest with the school committee, but to be restricted to persons who have completed a certain normal course of education, and have passed an examination held by a body of examiners, appointed by the central board. The office of teacher to be held by warrant, during good behaviour, and superannuation pensions to be allowed after 20 years' service. Normal schools for the instruction of teachers are recommended to be established, and placed under the immediate control of the board.

Such is a hasty, but, we hope, correct sketch of the general organisation of the system of public instruction suggested by the committee, as well as of the mode of its application to the lower classes of the people. They next propose to enlarge, improve, and extend the present diocesan and royal schools, in such a way as to "extend the same encouragement to the promotion of the education of the middle orders."



For this purpose it is suggested that a distinct section be added to the central board under the name of the 'academical section,' with its respective secretary, inspectors, &c., and analogous powers, for the superintendence and management of academical education. "To this section should be entrusted the purchase of land, building of academies, and superintending of instruction, on principles precisely analogous to those regulating similar duties, functions, and powers, confided for the government of elementary education to the other section." It is further proposed that an 'academy tax' for the payment of teachers, and other current expenses of one academy, shall be authorised to be presented by the grand jury of each county, who shall likewise be empowered to elect annually an 'academy committee,' with powers of economic control, similar to those enjoyed by the 'school committees' in the case of the elementary schools; such powers not to extend to any interference with the teachers, or courses of instruction, which should be left to the management of the board. The teachers to be appointed, paid, (partly by fees,) and controlled, in a mode precisely analogous to that prescribed for the elementary schools. These county academies, the committee conceive, would "meet the more ordinary wants of the middle classes, by offering a good preparatory course for the higher branches (especially professional) of education." How greatly such preparatory instruction is required by the generality of *medical* students will, we have no doubt, be admitted by all who have been engaged in their professional education, and we conceive there can scarcely be a difference of opinion, as to the advantages which would accrue both to the profession and to the public, were it possible that this want could be supplied. Unless the soil be prepared by preliminary education, the seeds of professional knowledge, if they spring at all, can scarcely escape being choked by the more abundant crop of thorns which is sure to encompass them. Even upon selfish grounds, then, we would recommend this portion of the plan of the committee to the careful consideration of our brethren.

The next suggestion still more nearly concerns medical men—"Your committee," says the report, "are convinced that the want of a still higher department intermediate between the academy and university, and to which might with propriety be given the name of College, is sensibly felt, and particularly by the very classes (the middle,) to which reference has just been made." They accordingly recommend that one provincial college shall be established in each of the four provinces of Ireland, with an organization as far as possible, analogous to that suggested in the case of academies and elementary schools—the central board providing the ground, buildings, and outfit, on condition that the province, through its several grand juries, shall assess for the salaries of the professors, the repairs, and other current expenses of maintenance. "The superintendence of these colleges should be entrusted to the same section of the board to which is entrusted that of the county academies. The local management should be left to a committee, representing the interests of the several counties of the province. The appointment of professors and rector should be regulated by the same principles and practice as that of the teachers, &c. of the academies. Statutes for the regulation of the colleges should be drawn up by the board, but with the concurrence of the body of professors." On the subject of degrees from these colleges, the report touches lightly; it suggests, however, the incorporation of the four by a common charter, and "that a board formed of members from each of the four, from the colleges of physicians and surgeons, and from the university of Dublin, and other learned bodies (as might be deemed advisable,) should sit in the

capital, and after due examination, and certificates being produced of having gone through, in a satisfactory manner, the several prescribed courses, should be empowered to admit to degrees such candidates as presented themselves from the provincial colleges, excepting, however, degrees in divinity." This suggestion, it will be observed, comes very near the educational reform which all reflecting persons admit to be necessary in the medical profession. What is obviously required is an independent body, empowered, first, to examine and license practitioners in medicine; and, secondly, to control schools for medical education. With a little adaptation, both these objects might be effected by the central and examining boards, of the committee. The matter of medical education is, as we have said, lightly touched upon in the report; probably from its being *then* considered a dangerous subject to meddle with. That it has, however, received attention, we can prove by the following extract from an able paper on education in Ireland, which has lately appeared in the third publication of the Central Society of Education, from the pen of Mr. William Smith O'Brien, a member of the committee:—"For obvious reasons," says Mr. O'Brien, "it is the duty of the state to take care that ignorant men shall not be allowed to practise in the medical calling with unrestrained freedom, and, therefore, the attainments of every candidate for the profession should be tested by some competent body; but, on the other hand, there appears to be no sufficient reason for enacting, that a person who is held qualified to practise in England or in Scotland, shall not be permitted to practise in Ireland, and *vice versa*. The mode in which it seems to us that the most perfect freedom, consistent with adequate qualification, could be obtained, would be the establishment, in each of the three kingdoms, of a public board of impartial and competent examiners, unconnected with any privileged body, such bodies being naturally interested in diminishing the number of their professional competitors. [Mr. O'Brien should rather have said 'in enlarging,' as the desire of obtaining fees for school certificates and diplomas, by admitting all comers, constitutes the real motive.] Any person who, after having undergone a public examination, shall have obtained a certificate of qualification from such board, ought to be permitted to practise in any part of the united kingdom."

We have some reason to believe that Mr. O'Brien contemplates the registration of licenses, thus obtained, with the clerks of the peace, or other local authorities in the districts in which the holders might determine upon settling. Such a provision would be in itself of the utmost importance to the profession and the public, and might be made the means of obtaining funds not merely adequate to the support of the licensing boards, but leaving a surplus applicable to public purposes. If the members of the profession were ensured protection in the exercise of their calling, we know they would willingly pay for it.

It is not our intention to offer arguments in support of the propositions of the committee, but rather to leave them to the consideration of our readers, having supplied them with some information upon which they may exercise their judgments. There is one question, however, to which we wish more particularly to allude—we mean as to whether it is wise to have a free or a regulated trade in education.

This is a matter of deep interest to the medical profession, and we earnestly recommend it to their attention. They will recollect that in the present medical system, the trade of teaching is free even to licentiousness—every one who pleases undertakes the task of instruction, and, if he likes, even dubs himself professor. A recognition of fitness is, indeed, formally sought from the Colleges; but the competi-



tion between these renders it impossible for them to deny it to any ; and, in practice, the working majorities in these bodies are, we may say, universally themselves teachers, and so the judges of their own fitness. What has been the result?—No doubt a demand from the candidate for license, of a bundle of certificates, the price of which goes into the pockets of the aforesaid governors of the Colleges, or their friends ; but, at the same time, an utter degradation of teaching and teachers. The student sees that the authorities make no difference between the value of the instruction given by the experienced hospital surgeon or physician, or by him whose head, and greasy portfolio are alike scantily furnished from the pages of the surgical dictionary—that the testimonial as to his study of chemistry is equally valuable, whether it issue from a hay-loft, and be signed by a boy not six months in possession of medical honours ; or it be authenticated by a Davy, or a Faraday, and furnish incontrovertible evidence of protracted study in a well-appointed laboratory. It is not wonderful, therefore, that he buys his paper certificates wherever he can procure them easiest and cheapest, and that for the passing of his examination, he trusts to the cramming of the *grinder*. Thus he is at length, sent, licensed, into the world, with his memory indeed filled with technicalities, and opinions, and impracticable rules ; but without his mind having, in the slightest degree, undergone that training and exercise of its faculties, which fits it for working upon new materials, and which alone is education.

We appeal to every disinterested medical man in the three countries if this be not a faithful picture of the effects of the present plan upon the rising generation of medical men, and through them upon the public. But the plan is twice cursed—it is cursed to the teachers as well as to the taught ; for the money competition among the former, and the facility of entering the trade, have reduced the profits not merely to the level of a scanty livelihood, but in many instances below the ordinary rate of interest on even the small capital invested. Is this, we ask, a wholesome condition of affairs, either for the public or the profession ? We are convinced that the universal reply of our non-teaching brethren will be in the negative. For our own parts we must, in this instance, explicitly state our opinion. It is good for no party to have a free trade in education. Such freedom is but a remnant and a token of barbarism. When every feudal lord was free to make a path for his charger, through the wilds that surrounded the lands of his serfs ; when every man's own hand and weapon constituted the only police for the protection of his civil rights, then was there a parity of justice in allowing all who pleased, to guide, according to their good pleasure, the minds of the rising generation. A different state of things and of opinions now exists : man has learned that combination and control are necessary for the perfect development of his energies, and the full enjoyment of his existence ; and if combination and control be essentially required for the making of roads, and restraining of personal outrage, who shall say that it is superfluous in the training of the minds which are to enter into that combination, and of the hearts which are to submit to that control ?

#### ROYAL COLLEGE OF SURGEONS.

THE second evening meeting for the season was held on Monday, the 3d inst., when Dr. J. H. Power read an interesting paper on the analogy between plants and animals.

MERCER'S HOSPITAL.—The operation of lithotomy was performed in this hospital, on Monday last, by Mr. Palmer, in a most skilful manner, and, so far, with complete success. We hope subsequently to give the case in full.

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, FEBRUARY 6, 1840.—Council met.

Drs. Wm. Reardon, and John Ryan, both of Tipperary, were admitted members of the association.

Letter read from Dr. Kingsley of Roserea, regarding the allocation of fines levied at petty sessions.

FRIDAY, FEBRUARY 7.—A deputation, consisting of the Secretary, and Drs. Jacob and Macdonnell, attended at the Chief Secretary's office, at the Castle, and learned that in accordance with the act 1 & 2 Vic. c. 99, it is necessary that all fines levied at petty sessions shall be paid into the office of the paymaster of civil services, but that they will be issued from thence to the treasurers of the several charities in such proportions as the magistrates may have awarded to each.

In consequence of the provisions of the act referred to, this course must be adopted ; and as the fines have been accumulating in the hands of the constabulary authorities during five quarters, some confusion has arisen, and the distribution of the money must be further delayed, until the claims of each charity shall have been ascertained. It is not the intention of the government to hold back any of the sums in question. In the meantime it will be advisable for the treasurers of the various charities to procure an account to be kept of the exact amount of all fines, or portions of fines, awarded to them by the magistrates, in order that they may, in future, be prepared to state their specific claims upon the paymaster of civil services. An arrangement for doing this could be made with the clerks of petty sessions ; indeed they are required to do it by the first and fifth sections of the act.

By order,

H. MAUNSELL, Sec.

A meeting of the medical and surgical practitioners of the county of Galway is to be held in Galway, on Monday, the 17th instant, at which all persons concerned are requested to attend. The object of the meeting is to adopt a petition to parliament, on the present state of medical legislation.

#### BRITISH MEDICAL ASSOCIATION.

TUESDAY, FEBRUARY 4, 1840.

The following resolutions were passed :—

1. That a deputation be appointed to wait on Serjeant Wilde, M.P. for Newark, to solicit him to present the petition to the Honourable the House of Commons, and that the secretary do write to Serjeant Wilde, to ask the learned gentleman to name an early day for receiving the deputation.

2. That a deputation of three members of the council, of whom the president shall be one, be appointed to wait on Mr. French, M.P., for Rosecommon, for the purpose of ascertaining his particular views on Medical Reform ; and the object of his motion for the appointment of a commission by the crown, on the subject of Medical Reform, in order to ascertain how far the views of Mr. French, on that point, agree with those of the British Medical Association, as stated in their petition, founded on the printed "Outlines" made known at the last anniversary meeting.

3. That as various members (of the House of Commons) have strongly urged that numerous petitions on the subject of Medical Reform would be more useful *at the present time* than at any other ; that the attention of the Editor of *The Lancet*, and the public press, be pointed to the subject, and that the medical profession throughout the kingdom be requested to act upon this suggestion.

4. That the secretary do write to the Marquis of Normanby, to request his Lordship to present the petition of the British Medical Association to the House of Lords.—*Lancet*, February 8.



## THE MEDICAL CHARITIES.

A meeting of the governors of the North Cork Infirmary is to be held tomorrow, for the purpose of petitioning parliament to place all the medical charities under the poor-law administration.

## POOR-LAW INTELLIGENCE.

**SOUTH DUBLIN UNION.**—Mr. Grant was elected apothecary to the workhouse on Thursday last.

## MONTHYON PRIZES.

The French Academy of Sciences has awarded the Monthyon Gold Medals (of the value of 1500 francs each,) to Drs. Bright, of London, Martin-Solon, and Rayer, for their works on diseases of the kidney; also a medal of the same value to M. Ricord, for his work on syphilis: and the sum of 1000 francs to M. Martin, for his improvements in artificial legs.

## CASE OF PROFESSIONAL DISTRESS.

We beg to call the attention of our readers to the following distressing case. Subscriptions will be received by Mr. Donovan, 11 Clare street, or by Mr. Beaumont, at the office of the MEDICAL PRESS; and we think it will be well to limit them, as recommended by Mr. Donovan, to five shillings:—

## TO THE EDITORS OF THE MEDICAL PRESS.

**GENTLEMEN,**—A fruitless appeal to the benevolence of the medical profession has rarely been made, when the object of it was deserving of sympathy. If a series of the most trying misfortunes, brought on by causes over which the sufferer had no control, be considered sufficient grounds for an application to the kind feelings of the generous, there can be no better claim than that of the person who is the subject of this appeal. Once an apothecary in good practice, the sickness of himself and family, consequent loss of business, and various other misfortunes, compelled him to quit his profession. His object is to go to America, where a relative is ready to receive and provide for him. He would gladly avail himself of the offer, if the small sum of £25 or £30 could be procured to bear his expenses. Will you, gentlemen, with your usual readiness to assist the unfortunate, undertake the matter? You have heard his history from himself; there is no use in giving it or his name publicity beyond what is here alluded to. Let me suggest that the requisite sum would be much more readily procured by limiting the subscription to five shillings. I send you my own contribution.—I am, Gentlemen, your most obedient servant,  
M. DONOVAN.

11, Clare street, Feb. 1, 1840.

## SUBSCRIPTIONS RECEIVED.

M. Donovan, Esq.	-	-	5s.
Dr. Maunsell,	-	-	5s.
Dr. Montgomery Ferguson,	-	-	5s.
Dr. Jacob,	-	-	5s.
Richard Carmichael, Esq.,	-	-	5s.
Dr. J. Jacob, Maryborough,	-	-	5s.
Dr. Greene, Urlingford,	-	-	5s.
Dr. Kingsley, Roscrea,	-	-	5s.
R. Dancer, Esq., Do.	-	-	5s.
H. Powell, Esq., Do.	-	-	5s.
N. Delany, Esq., Do.	-	-	5s.

## OBITUARY.

At Dromin, Newcastle, County Limerick, Patrick Meade, Esq., M.D., aged 28 years.

On the 1st instant, of typhus fever, at Donegall-place, Belfast, John Wales, Esq., Surgeon.

In Tallow, County Waterford, John Long, Esq., apothecary.

At Göttingen, on the 22d January, aged 88, Professor Blumenbach.

## PROMOTIONS.

**CIVIL.**—Dr. J. Y. Simpson has been elected Professor of Midwifery in the University of Edinburgh.

## DR. MACARTNEY.

We are happy to be able to announce that this distinguished gentleman has been elected an honorary member of the Société Française de Statistique Universelle.

## MR. R. ALCOCK.

We learn that a distinguished honour has lately been conferred upon a member of the profession by the Queen of Spain. By royal decree the insignia of Knight of the Royal Order of Charles III., has been bestowed upon Mr. Rutherford Alcock, for his services in Spain, while deputy inspector-general of hospitals in that country. This is the second most distinguished order in Spain, being ranked next in estimation to the Golden Fleece. We believe that Mr. Alcock is the third member of the medical profession in England who has obtained it. Dr. Hume, the Duke of Wellington's physician, received this honour at the close of the Peninsular war. According to a late history of distinguished European orders of chivalry conferred on British subjects, there are not more than thirty who have received this decoration.—*Medical Gazette.*

## M. ORFILA.

THERE is nothing spoken of at the *Palais de Justice*, but the action about to be brought by the Dean of the Faculty of Medicine against the families of Chauvelin, Boulogne, and d'Hautpoul, nephews and nieces of Mademoiselle Walkiers, whose physician M. Orfila was; and who has appointed his son to be her heir, to the prejudice of her kindred. The property in dispute amounts to 40,000 francs per annum, and the natural heirs think that M. Orfila, the son, is equally, with his father, incapacitated from inheriting.—*Gazette des Hôpitaux, February 1.*

## REGISTER OF THE WEATHER,

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	Feb. 2d,	43	36	29.058	.100
Monday	3rd,	44	36	29.000	.050
Tuesday	4th,	42.5	38	28.714	.384
Wednesday	5th,	44	36	29.530	.150
Thursday	6th,	44.5	35	29.750	.010
Friday	7th,	49.5	35	29.140	.055
Saturday	8th,	47.5	34.5	29.434	.040

## MANUALS OF NATURAL HISTORY.

Just published, in foolscap 8vo., closely printed, illustrated with numerous Woodcuts, and a coloured map, price 4s. 6d.

## A MANUAL OF GEOLOGY,

By WILLIAM MACGILLIVRAY, A.M., F.R.S.E., &c. &c

The above is the first of a series of Manuals of Natural History, adapted for elementary instruction, which it is intended to publish at intervals of about three months. They will be written in easily intelligible language, and by a careful condensation of materials, the author trusts that each Manual will be found to convey as much knowledge of the several subjects, as will suffice for general education.

The Manual of Physiological and Systematic Botany will be published on the 1st of April, and that of British Plants on the 15th of May.

London: Scott, Webster, and Geary; Oliver and Boyd, Edinburgh; and Curry and Co., Dublin, and all Booksellers.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, Prince's-street, Soho. — Wednesday, February 12, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LIX.]

DUBLIN, WEDNESDAY, FEBRUARY 19, 1840.

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE V.—CANCEROUS OR MALIGNANT DISEASES.

*Cancer of the breast may be confounded with Scrofula, with neuralgic affections connected with dyspepsia, and with deep-seated abscess behind the mammary gland—Circumstances to be considered in forming diagnosis, 1st., time of life—2d., minute commencement and gradual increase of the tumour—3d., hardness and irregularity—4th., weight—5th., description of pain; none on pressure—6th., retracted nipple—7th., puckered skin—8th., enlarged veins.—Cancer of the uterus—symptoms of—diseases with which it may be confounded—diagnosis—prevention and treatment of cancer—hematosine, uses of in the system.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—Having, in my preceding lecture, chiefly occupied your time with remarks upon the structure, nature, and probable causes of malignant diseases, I shall now proceed to make some practical observations on one genus only of this order, viz., cancer, scirrhus, or carcinoma, interspersed, with some passing remarks upon fungus medullaris. When the former of these diseases is in its advanced stages, it is recognised without difficulty, a glance from the eye of an experienced surgeon will be sufficient to detect it, but in its early stage it is extremely difficult to decide upon the nature of a tumour, particularly if situated in the breast of a large or very fat woman—this is so much the case at times, that Sir Everard Home, in his work upon this disease, candidly acknowledges "that he has often removed tumours in the breast, which were judged to be cancerous, but on examination were found scrofulous; and, on the other hand, he has often neglected tumours which subsequently became cancerous, and destroyed the patient." In these doubtful cases, therefore, every circumstance which can throw a light upon the

subject of inquiry, should be taken into consideration; and the first leading circumstance to guide our judgment is the time of life of the patient. Women are but little predisposed to this disease, until after the fortieth year. Dionis says that out of twenty women afflicted with cancer, fifteen will be found from forty-five to fifty years of age. The second circumstance to which I would call your attention to enable you to form a true diagnosis in doubtful cases, is the gradual and, in general, slow increase of the tumour from a small beginning. I have said *in general*, because in those instances where there is a strong constitutional tendency to this disease, indicated, as I have already stated, by a pale, leaden-coloured countenance, the cancer, although it may commence in a point will make such rapid progress as perhaps to engage both breasts, and their corresponding axillæ in the course of a few months. The third circumstance is the hardness and irregularity of the tumour. This is a diagnostic of great use, for although it will not serve to distinguish a mild disease, not malignant, from fungus medullaris, yet this is so seldom met with in the female breast, compared to scirrhus, that it affords a leading means of diagnosis in doubtful cases. The fourth is afforded by the weight of the tumour. This, as a means of diagnosis, can only be of use when the tumour in question is situated in the testis, or in a loose soft pendulous mamma. The cancerous mass is more dense, and heavier than the generality of other morbid structures; therefore weight is considered as affording some assistance in coming to a just diagnosis. The fifth is the description of pain, which, in cancer is usually described as *darting* or *lancinating*. But this is the most uncertain of all the diagnostic signs; for it is a kind of pain which most women apprehend as an attendant upon cancer; and if they have any affection of the breast of a neuralgic character, which is so frequent an accompaniment of a dyspeptic stomach as to be met with every day in



practice, they will become greatly alarmed, as the pains of neuralgia are also darting or lancinating. In these instances, however, although the pains may be frequent and severe, yet no tumour can be felt. The gland of the breast may be a little enlarged in size, and even tender to the touch, but no distinct tumour of a hard and irregular surface can be detected. Besides, this neuralgic or sympathetic affection usually assails both breasts at the same time, whereas cancer, at the early period, when any doubt can exist as to the nature of the disease, will only be found in one.

Tenderness on pressure affords, in the early and doubtful stages of cancer, a much more useful means of diagnosis. A true cancerous tumour, before any redness or inflammation of the integuments occurs, may be handled and compressed without exciting any pain, or even an uncomfortable sensation; whereas scrofulous enlargement of the breast, and that sympathetic affection just noticed as connected with a dyspeptic stomach, will be attended with more or less *tenderness upon pressure*. So that, taking this circumstance, coupled with the age of the patient, into consideration, I have, in numberless instances, been enabled to remove a most painful state of anxiety of many a fair patient, with an assurance that her disease was not of a malignant or dangerous nature. There is, however, a phlegmonous inflammation, which sometimes occurs, from what cause I know not, between the gland of the breast and the pectoral muscle, that is attended with so many symptoms that resemble those of carcinoma, that it is necessary to put you upon your guard, by making you as well acquainted as possible with the symptoms common to both diseases. When matter forms in this situation, it must consequently be slow in making its way to the surface; deep-seated pain is felt, but there is neither redness or fluctuation of matter to lead to a knowledge of the true nature of the ailment. It may proceed slowly for many weeks in this state, the patient suffering much pain all the time, particularly on every movement of the arm. The breast enlarges, the integuments become œdematous, and the matter, making its way at length to the surface, will most probably cause some redness, followed by the usual signs of matter beneath, or rather below the breast, which renders the case obvious; but until this takes place, there must be considerable obscurity as to the true nature of this painful affection.

6. The retraction of the nipple, or a watery or serous discharge from it, are strong indications that the tumour in question is of a cancerous character.

7. The state of the integuments covering a tumour will afford strong indications of its nature: thus, if the disease is of that decided constitutional character more than once alluded to, it will increase rapidly in size, and without evincing any tendency to ulceration soon destroy life, a strong instance of which is afforded by case 43 of the second edition of my work upon cancer. In such instances the integuments become fixed to the morbid mass, and white or livid lines,

a little raised like welts, mark its inroad on the skin. But the more usual signs of affected integuments are, together with attachment to the tumour, a dusky redness, and puckered state of the skin, with either white or red lines, raised and hard like welts, proceeding from the tumour in all directions, as radii from a centre. These lines being frequently interrupted with small indurated knots or tubercles which may be aptly compared to the *runners* of the strawberry plant, intersected by younger but similar productions to the parent.

8. I should not omit to mention that enlargement of the veins of the integuments is indicative of every description of malignant tumour.

9. As the disease advances, in the great majority of instances, it proceeds to ulceration, which usually takes place very slowly. The skin attached to the tumour assumes, for a considerable time, a dusky red appearance; at length it ulcerates, and a discharge of thin watery ichor, extremely offensive from the hepatized ammonia it contains, takes place, often in very considerable quantities, particularly if the walls of one of the hydatid-like cavities, which are so frequently found in cancerous masses, have given way. Nothing can be more variable than the progress of such an ulcer. If the tumour is bulky, large sloughs of the cancerous substance will take place, leaving a great gaping cavity, the walls of which are hard, red, and gristly, the edges retorted, and the quantity of offensive sanies it discharges enormous. The state of ulceration is also attended with frequent discharges of blood, so great as often to threaten the life of the patient; but when both these causes of exhaustion combine, she must soon succumb to her dreadful malady. At other times, particularly if the disease has arisen from accident, the patient otherwise healthy, and the tumor of small bulk, ulceration may scarcely appear to extend beyond the integuments. There may, in such a case, be observed little of the thin ichorous discharge, but healthy matter, under which the ulcer shall even heal. The induration, however, will point out, notwithstanding, that the disease is not cured. The integuments will ulcerate and heal again and again; and, in this way, the patient may live a great number of years in the enjoyment of a tolerable portion of good health. I attended a lady, occasionally, who had a cancer, in this state, during forty years, and she died at a very advanced period, more from old age than from this or any other morbid affection.

The preceding observations on cancer of the breast, are applicable to that disease affecting any part near the surface admitting of examination by the touch and sight. But, before I conclude, it will be necessary to make a few brief remarks on the symptoms it betrays in its attacks upon its next most common seat—the uterus. The period of life is, of course, the same; and, perhaps, the first signs of the disease, which are, however, but equivocal, are frequent pains in the loins, hips, and thighs—the patient becomes disinclined to make any exertion, and only feels relief by reclining on the sofa or bed. Carriage exercise may be borne for a considerable time, but, at length, the patient is obliged to relinquish it, as the jolting over an uneven road causes pain at the moment, and much uneasiness at night. These symptoms are followed by what women call a bearing down pain, and, at length, an offensive ichorous or watery discharge occurs, tinged more or less with blood, totally unlike that of leucorrhœa; and these symptoms, coupled with the pallid anxious countenance of the patient, sufficiently betray the true nature of the malady with which she has to contend. Long before



all these symptoms occur, an examination, per vaginam, should be made, in order to ascertain the state of the cervix uteri. If it is hard and cartilaginous to the feel, with, perhaps, a portion ulcerated, our suspicions are confirmed. It is a curious fact, that cancer of this organ usually begins at its cervix, so that we have it generally in our power, by an early examination, to ascertain the existence of this disease soon after its commencement.

Cancer of the uterus may be confounded with chronic inflammation and enlargement of that organ—or with diseased ovaria—or with hydatids or false conceptions—or with polypus of the uterus. Time would not permit me to describe the symptoms of those different diseases. Suffice it to say, that although in all you may have more or less uneasiness in the loins and region of the uterus; yet in none will there be found the hard, firm, cartilaginous feel, which the cervix uteri, when affected by carcinoma, always betrays on examination. In chronic inflammation of the uterus, you may have enlargement of that organ, with tenderness upon pressure, and more or less of leucorrhœa, with glairy discharges from that organ itself. When one or other of the ovaria is enlarged, the swelling takes place at one side of the hypogastric region, though, as it increases, it may engage the entire of the region, and even extend above the umbilicus. Collections of hydatids are liable to be mistaken by the most experienced for true conceptions, and have scarcely anything in common with the symptoms of cancer, except those bearing down pains already mentioned, calculated equally to expel a fetus, or any foreign production. Polypus, while within the uterus, is attended with the same description of pain, and also with frequent hæmorrhage. When it descends into the vagina, its nature then alone becomes manifest, and it is found attached to the uterus by a narrow neck which passes through the cervix; which several circumstances, and their relation to each other, are sufficiently obvious on examination.

I have met, however, with several instances of cancer commencing in the vagina, and with that peculiar form of it termed cauliflower excrescence—affections just as formidable and unmanageable as cancer of the uterus. When any of these forms of the same disease proceed in their ravages, they engage the urinary bladder, and uræthra; on the one hand, causing frequent and painful micturition; and, on the other, the rectum, occasioning obstinate constipation, and various distressing symptoms. I have even seen portions of the small intestines attached to the fundus of the womb, and their calibre much diminished, and, consequently, the passage of their contents impeded by the extension of the cancerous growth into the canal.

Gentlemen, before I conclude my observations upon the nature of the extensive family of malignant diseases, I would wish it to be distinctly understood that the doctrine of their possession of an independent vitality is offered to your consideration as a mere hypothesis—the facts upon which it rests have been laid before you, and you may either reject it, or consider it worthy of further consideration and research, just as you please. Every day is adding to our knowledge of the entozoa, and many new forms of animal life, not hitherto suspected, are found amongst them. It, at first view, shocks the mind, to attribute independent life to an apparently disorganized mass of animal matter. But at their first formation these foreign bodies are not so shapeless or disorganized as they afterwards appear when they have gone through the transmutation to which they, in common with all animal and vegetable beings, are subject—viz., production, growth, reproduction of young, death, and decay. When tubercles are first observed, they are

either semi-transparent vesicles, or small rounded, compact, medullary, or brain-like bodies, not larger than minute grains of shot, scattered either through the parenchymatous substance of the various organs, or on the surface of serous membranes, as the pleura and peritoneum. Those which are vesicular soon lose their transparency, and become solid opaque bodies; and these, as well as the medullary tubercles, increase and spread into each other, when they lose all that appearance of regularity consistent with our notions even of the lowest grade of organized beings. When they die, they leave behind them, like the acephalocystæ and cisto-cercus hydatids—acknowledged animals; a mixture of phosphate and carbonate of lime blended with some animal matter, a compound resembling glaziers' putty both in appearance and consistence—that which is observed at the commencement of pulmonary tubercles, a disease so common as to afford frequent opportunities of examining those bodies in all their stages, we may infer from analogy applies to the early stages of the other forms of malignant productions; but the commencement of the latter is likely to escape our observation, for having no symptoms or indications of their presence to induce us to look for them in the various tissues, they can only be discovered by chance.

The view I have taken of the nature of cancer, and of the entire family of malignant diseases, explains a number of phenomena and anomalies, inexplicable on any other principle. Thus, though they are justly not attributable to any morbid poison, yet they resemble morbid poisons in this circumstance, that they are sometimes local, but, more frequently, constitutional; by which last term is to be understood, that the disposition to their production is general over the entire frame. If cancer is not occasionally a local complaint, no man in his senses could think of removing it by operation; but that *that* operation is sometimes successful, there is no doubt.

I have already stated that operation is also likely to prove successful in those cases where either the organization of the part which it assails has been injured by external causes, so as to render it a fit nidus for the production of the entozoa, or in those parts in which we have reason to suppose some great changes occur in their organization and natural degree of vitality—i.e., when, for the first time, they become useless appendages to the system; for instance, the breasts and uteri of females, at the period of the cessation of the catamenia, and, consequently, of the powers for which those organs were originally designed. Hence we may infer why they should be particularly liable to this class of diseases more from a local than from a constitutional cause; but both may concur in the same individual, as is frequently the case, and then the disease is truly irremediable.

It is only on the principle of the independent vitality of tubercles that we can account for their production without any preliminary inflammation. Why, the most minute injection cannot be forced into them, while all the parts in which they are embedded are reddened by it. Why, as long as they retain their vitality, like the Guinea worm in the flesh, they do not excite inflammation or fever; and thus is explained why many persons have been found after death to have had tubercles in their lungs, in whom they were not suspected during life. But when those animal fungi die, they then, and not until then, give the stimulus of extraneous bodies, and excite irritation and inflammation in the surrounding tissues, with sympathetic fever, which, at length, becomes hectic from the unavailing efforts of the constitution to free itself from those now irritating bodies. They are partly thrown off in the form of that peculiar expectoration which is not pus, but the dead and softened tubercu-



lous substance, mingled with more or less mucus furnished by the irritated and sub-inflamed bronchial membrane in their neighbourhood. This softening, according to Laennec, commences in the centre of each tubercle; and when the entire of it is thus removed, a cavity remains, formed by the condensed cellular membrane, containing a mixture of phosphate and carbonate of lime, and animal matter as before intimated.

On this doctrine alone, can any satisfactory explanation be afforded of those enormous masses of animal matter found in the abdomen and elsewhere, of which I have mentioned some striking examples.

If these views are correct and founded in nature, another, but a lower link will be added to the entozoa, which, according to Cuvier, belongs to the second class of zoophytes. The animal fungi will, from the views I have taken, consist of—

1. Tubercle of the lungs and other organs, whether commencing in the form of a grey semi-transparent vesicle, or of a medullary substance, including those large tuberculous masses met with most frequently in the abdomen.

2. Fungus medullaris and melanosis.

3. Carcinoma.

With respect to treatment, it is obvious, from the views I have taken of the nature of malignant diseases, that I consider the *ars medica* can be much more serviceable in pointing out such means as may prevent the accession of these maladies than in curing them. If they arise from a constitutional cause, they are absolutely incurable; much, however, may be done in alleviating the sufferings of the patient, and in retarding, perhaps, the progress of these diseases. A diet, consisting chiefly of farinaceous and vegetable aliment, with but little animal food, as being the least stimulating, is the most appropriate. If, however, they arise from a local cause, they admit, perhaps, of being cured or removed.

With respect to prevention, I have only to urge the necessity of attending to the general health, and to preach to the upper ranks in society who are decidedly much more prone to these maladies than the lower, the necessity of using less of nutritious diet and more of active exercise—the surest mode of preserving the digestive organs in a healthy state; derangement of which, that original and highly-gifted surgeon, John Abernethy, considered to be the remote cause of these as well as most other diseases: but those we have been considering constitute, above all others, the most severe punishments for neglect of the organic laws. No doubt many people come into the world predisposed to them, and I have more than once alluded to the pallid countenance which indicates such a predisposition. I have attended numerous individuals of the same family thus predisposed, and who seem to have inherited them from their ancestors. Such ought, above all others, particularly from the 40th to the 50th years of their age, attend to the preservation of their general health as the surest mode of preventing the accession of those dreadful afflictions. The persons thus predisposed, seem to be deficient in that principle to which the red colour of the blood is chiefly attributed. Fourcroy and Vauquelin long since stated that this principle is iron combined with other component parts of the blood in some unknown way; but they asserted it to be in such quantities that they even expected to see nails and other implements forged with that procured from blood. Other chemists have since denied the very existence of iron in the blood. In consequence of this contrariety as to a matter of fact amongst chemists, I requested my friend, Mr. Donovan, two years since, to supply me with the opinions of the most leading authorities amongst them as to this

point, and he was kind enough to send me the letter which I shall now read to you:—

“11 Clare street, December 13, 1838.

“My Dear Sir,—On referring to the latest authorities, which you wished me to do, with regard to the question of the existence of iron in the blood, it appears to me that few facts stand better supported. That iron is a constituent is proved by the researches of Berzelius, Lecanu, Fourcroy, Vauquelin, Engelhart, Prevost, Dumas, and Brande. Fourcroy and Vauquelin went too far in saying that iron, in the state of sub-oxyposphate, when dissolved in serum, produces red colouring matter. The best supported and latest opinion seems to be that the colouring matter consists of oxide of iron, or more probably sub-phosphate, in combination with some unknown animal matter, the latter being the chief cause of the colour. It appears to me that your original notion of the good effects to be derived from the solubility of sub-oxyposphate of iron in the serum is not contradicted, nor in any way affected, by subsequent investigation. The only objection that can be made arises out of the experiments of Berzelius; but as this chemist obtained phosphate of iron from the ashes of colouring matter of blood, and as Lecanu found it in blood and serum, the solubility of the salt in blood is proved, although in our laboratories the process may be attended with difficulty.

“Yours most faithfully,

M. DONOVAN.”

A different view of the cause of the colour of blood has been given by Dr. Steevens, which, if the experiments on which it is founded be correct, seems well supported.

His chief positions are, that the colouring matter of blood, or *hematosine*, is not naturally red but black. Neutral salts possess the property of reddening the colouring matter; and as these salts are always present in blood, its colour is red. But its redness is of two kinds, florid red as in the arteries, and dark red as in the veins. Carbonic acid, hydrogen, and azote, have the power of rendering florid red blood dark; and they would render it black but for the reddening power of the salts present: thus, from the intermixture of the two colours, red and black, a dark red, namely, the hue of venous blood, is produced, and is attributable to the presence of carbonic acid acquired by the blood during respiration. If blood of this dark shade be submitted to the action of oxygen gas, or atmospheric air, as in respiration, the oxygen expels the carbonic acid—i.e., the cause of blackness, and taking its place in the blood permits the reddening property of the salts to act once more, and the blood becomes florid. If the salts, supposed to be the cause of redness, have been previously washed away from the specimen of blood submitted to the action of oxygen, then the change to florid red does not take place, notwithstanding the absorption of oxygen; but that hue is instantly restored on the addition of a very small quantity of neutral salts; and even if the blood, owing to putrefaction, is no longer sensible to the reddening influence of oxygen, it is brightened by an addition of any neutral salt.

M. Denis states that the direct action of hematosine is, when brown or dark coloured, to depress all vital action, injure the organization, and even occasion death; but, on the contrary, when circulated with its scarlet tint, it vivifies the entire frame, and stimulates all the organs. Another use seems to me to be the protection of the system from the production of parasites, since the salts of iron act as a poison upon animals devoid of red blood which includes the entozoa; for this reason, perhaps, the livers of all the mammalia are found to be more infested with those parasites, such as worms, flukes, hydatids, and medullary funguses, than any other of the solid viscera, for the black blood of the vena portæ contains only hematosine in, what appears to be, its negative or inert state.

(To be continued.)



ORIGINAL REPORTS OF MEDICAL AND  
SURGICAL PRACTICE.

## MORBUS COXÆ TREATED WITH MERCURY.

TO THE EDITORS OF THE MEDICAL PRESS.

North Cumberland-street, Dublin,  
February 4, 1840.

GENTLEMEN,—Another communication from one of my English friends compels me to again trespass upon your columns. The cases, so clearly and well detailed in the inclosed letter, seem to me very valuable; for they show that the patients resumed, with impunity, their usual occupations, in less than a fortnight after the commencement of the plan of treatment, and without either that confinement to the horizontal posture, or the use of sarsaparilla, for weeks, which I have hitherto thought absolutely necessary; but which much more extended observation can alone induce me to relinquish. Other circumstances, however, are observable in these cases, which call for some practical observations from me:

In the first place, I do not give purgatives; in order that the combination of calomel and opium may more quickly affect the mouth.

Secondly, I do not apply leeches, or make use of cupping.

Thirdly, I do not apply blisters, or use any kind of counter-irritation, until ptyalism has declared itself.

Fourthly, I confine the patient to the horizontal position, and give, daily, either a pint or half a pint of the compound infusion of sarsaparilla, for three weeks or more, according to the standing or intensity of the disease.

I have the honour to be,

Gentlemen,

Your obedient humble servant,  
JAMES O'BEIRNE, M.D., &c.

Cerne, Dorchester, January 31, 1840.

DEAR SIR,—Two cases of morbus coxæ, in the first stage, having presented themselves, I adopted the treatment which originated with, and was first employed by you with success, in the Richmond Surgical Hospital; and I beg leave to forward to you a report of their history, and remarkably favourable issue, as a trifling mark of my respect and esteem, and a grateful acknowledgment of the many practical lessons which I have received from you, while a pupil in that hospital.

## CASE I.

JOHN SHORT, aged 7, of weak, delicate, and scrofulous constitution—previously healthy—had been lying on wet grass for some hours, two or three days after which he complained of pain in his left hip referred to the groin and trochanter major. Shortly after, the left knee became painful, gradually increasing in intensity, for which (pain in knee) I was requested to visit him on the 20th of August, 1839. On my visit, he had a large poultice applied to the knee, the principal pain being referred to that part—complaining but little of the pain about the hip-joint. On being placed upright, resting on his right hand, the disease presented the following characters:—

Limb apparently lengthened—knee flexed and advanced forward—limb decreased in size—the left nates appeared flatter, broader, more protuberant, and elongated—its fold obliterated, and the normal depression behind the trochanter filled up. On gently pressing the trochanter inwards, or tapping the heel, he complained of great pain in the hip-joint. The pains in the knee and hip-joint were much in-

creased in intensity at night—the pain in the former becoming excruciating—frequent starting of the limb, so much so, to use the little intelligent fellow's own expression—"I must die if the pain continues"—countenance indicative of much suffering—pulse 100, compressible and weak—thirst and anorexia.

I ordered him a scruple of our cathartic powder, which is composed of calomel, aloes, and jalap—to be cupped over the left gluteal region to 8 ounces, and to be afterwards well fomented: and when his bowels had acted, to take one of the following pills every four hours—calomel, one scruple—watery extract of opium, four grains—extract. glycyrrhiz. q.s. to make ten pills.

21st.—Thinks he is somewhat relieved by the cupping and purging; but still describes the pain in the knee as intolerable at night, and preventing sleep—general pyrexia somewhat abated.

22d.—Mouth not affected—symptoms much the same.

Repeat the pills of calomel and opium.

23d.—I was much surprised to find the marked change in my little patient's countenance—he had completely lost his former look of suffering—ptyalism was present, from which he dated the cessation of pain—he had enjoyed a night's sleep, to which, for many nights, he had been a stranger, and was now comparatively free from pain—pulse 84, same character—appetite returning—thirst much lessened—perfect rest was enjoined, with farinaceous diet.

25th.—I found my little patient sitting by the fire, complaining only of the itching, the effects of the incisions of the scarificator—could now place the affected limb on the ground—the physical signs were sensibly diminished—the lengthening and breadth of the nates much less, as were also the length of the limb.

27th.—The physical signs have now nearly disappeared—the normal depression now exists behind the trochanter—the nates has regained its fold, and the limb its usual size—the flattening and elongation of the nates have disappeared, and he can walk with but a very slight degree of lameness—appetite good—sleep undisturbed.

In a few days, this boy was able to walk out of doors, and play about as usual: he is now quite well, and appears to have been in no way injured constitutionally by the treatment adopted.

## CASE II.

SARAH HIVE, aged 14, of spare habit, weak intellects, and scrofulous constitution, accustomed to poor diet, and exposed to the vicissitudes of weather—visited on the 12th September, 1839. A fortnight previous she had received a severe wetting, some few days after which she experienced a slight pain in the left hip-joint, attributed to rheumatism—this gradually increased, becoming worse at night, and was much aggravated by slipping off a small stone, whilst crossing a stream of water three days before my visit, since which she has been unable to place her foot upon the ground. Resting on the right limb, the following appearances were noted:—

The left limb was lengthened, but flexed in such a manner as to appear shorter by an inch—foot inverted—great toe of affected limb pointed and resting on great toe of opposite foot—heel drawn upward—knee projected anteriorly—the adductors and gracilis muscles thrown in bold relief—limb much wasted posteriorly—the nates appeared broader, longer, and more protuberant—the fold obliterated—concavity of curve of spine on the right side—inversion of the limb caused a great increase of pain, as did abduction and extension—flexion caused but little pain—



pressing the heel upward, or the trochanter inwards, gave intolerable pain—pain chiefly referred to the groin—the pain at the knee not complained of till her attention was directed to it—pain much increased at night preventing all sleep—pulse 100, weak—expression of suffering—general pyrexia.

Ordered: warm fomentations to the affected hip; a cathartic powder, as in the former case; a blister to be applied over the left gluteal region; and one of the following pills to be taken every fourth hour—calomel, one scruple—opium, five grains, into ten pills.

14th.—Ptyalism was present—from the accession of which she also dated the decrease of pain. To use her own words, “the pain stopped when my mouth began to run.” She enjoyed an undisturbed night’s rest, and is now comparatively free from pain—appetite returning.

16th.—Has had no recurrence of the pain—sleeps undisturbed.

On standing up the limb appears less flexed, not so much inverted—the characteristic appearances of the nates sensibly diminished.

Ordered another blister.

18th.—Is now walking about the house with the aid of a small stick—says she suffers no pain, except it is from the blister—“has more confidence to walk”—the nates now present their normal appearance—the fold is regained, and the depression behind the trochanter has reappeared—limb of nearly its natural size and length.

This patient, in less than a fortnight, resumed her laborious occupation as out-door farm servant—she is now quite well.

In these, the only cases I have seen since my residence here, the amendment was very marked when ptyalism was induced. The immediate cessation of pain, and the rapid disappearance of all the physical signs were, I am induced to believe, wholly attributable to the mercury. In the first case, I thought that some benefit had been derived from the cupping; but the amendment was equally marked where cupping was not used, owing to the inconvenient distance at which the patient resided.

In conclusion, I beg to state that the mercurial plan of treatment, as far as I can learn, is wholly unknown here; and that the quick and successful termination of the foregoing cases, was the cause of much surprise to Mr. Alfred Davis, surgeon, by whom they were seen.

I am, Dear Sir,

Yours, respectfully,

GEORGE J. M’KENZIE.

To JAMES O’BEIRNE, M.D.,

Surgeon Extraordinary to the Queen.

### CLARE INFIRMARY.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—As far as my experience goes, acute idiopathic glossitis is a very rare occurrence; for the last 20 years, I have seen but two instances, and one of these was fatal. It is a disease pregnant with danger, and requiring prompt and vigorous means of cure, to afford any chance of a favourable issue.

\* Camerarius and others, have reported cases, in which, by free incisions into the tongue, the patients were saved, but yet, the surgeon is not to lull his mind into security, by supposing that free use of the scalpel will always prove successful. In the second volume of the *Lancet*, for 1827, a case is given which resisted the most scientific and early treatment, and

progressed, with an awful rapidity, in 48 hours, to a fatal termination. In this case deep incisions proved of no avail.

To enlargements of the tongue produced by mercury, or caused by irritant applications, I do not at present mean to allude. I confine my remarks to idiopathic glossitis; it is a malady truly formidable to witness, and the obstruction it causes to articulation, to deglutition, and the embarrassment to respiration, render the unfortunate patient wretched and anxious in the extreme. Mr. Benjamin Bell relates a case where bronchotomy was necessary, under such circumstances, to save the patient; and in the *Edinburgh Medical and Surgical Journal*, a case is recorded where the scalpel gave exit to pus, and the patient recovered.

I am aware there is nothing new elicited in the case I now send you, nor any novel mode of treatment adopted; and that each particular case will require peculiar and appropriate treatment, according to the constitution and strength of the patient, and the varying characters of each; but I do think that every recorded instance, attended with dangerous symptoms, and ending in recovery, is of value, when the symptoms and the treatment are faithfully detailed. I, therefore, send you the following case for insertion, in your most valuable periodical, and hope that similar treatment, under the like circumstances, may prove equally successful in the hands of others. In this instance, if quick and decided measures had not been resorted to, I have little doubt in my own mind, but that a fatal result would very soon have happened.

Your obedient servant,

SIMON ENRIGHT, L.R.C.S.I.

Infirmary, Ennis, January, 17, 1840.

### CASE I.—ACUTE GLOSSITIS.

J. CONNELL, of Sleveen, a labourer, and a very strong, muscular man, aged 23, was admitted into the Clare Infirmary, on the evening of the 30th December, 1839. His sister, who came with him, stated, for he could not speak himself, that about six days previously, he was employed thrashing corn in a barn, having his coat and waistcoat off; that he frequently went out to perform other work about the farm, and returned again, thus exposing himself to vicissitudes of heat and cold. Next day, at breakfast, he felt a difficulty in mastication; at dinner, that day, he could not eat, and felt his tongue swollen. Next morning, these symptoms increased, and he consulted a medical man, who gave him a purging bolus, a gargle, and a blister which covered the external fauces, and reached from ear to ear. This treatment, at this period of the disease, was calculated, in my opinion, to aggravate all his symptoms. Next day, and for the two following, he could swallow nothing either liquid or solid, and then he came into hospital. His symptoms, on admission, were the following:—Pulse 100, and rather hard—tongue enormously swollen, its upper surface coated with a white, glutinous fur, the tip and edges red, dry, and shining—it protruded as far as the incisor teeth, but not beyond them—his teeth were wide asunder, and he found it impossible to close them—the tongue filled the whole cavity of the mouth, and prevented the possibility of seeing any part of the velum pendulum palati—the sublingual, and submaxillary glands were hard and swollen—the power of deglutition was entirely gone—his speech was nearly inarticulate, and not to be understood—and the respiration greatly embarrassed, attended with cough and bronchitis—his skin now was rather cool, and his countenance betrayed great anxiety and alarm.

I immediately made two incisions, one at each side



along the dorsum of the tongue, midway between the central groove and the edges; and in introducing the scalpel for this purpose, I had to place its flat surface towards the tongue, as there was not room enough between it and the hard palate, for any other mode of introduction. I commenced the incisions as far back as I could reach, and cut from the base towards the apex. They bled freely, but not as much as I expected. I then placed him in a sitting posture in bed, supported by assistants, and bled him in the arm to *approaching* syncope. And here I may remark, that from my own experience in bloodletting, I conceive it of essential importance in such a case as this, to bleed the patient in such a position, and not when recumbent; for thus, according to the important practical principles laid down by Dr. Marshall Hall, you have a standard as it were of the quantity of blood your patient will bear to be deprived of, without future ill consequences to the system, by your carefully watching when syncope approaches, and then before it actually happens, by stopping the further abstraction of blood. In this case, the man bore the loss of twenty-two ounces; and then his pulse became for a few seconds imperceptible, and he all but fainted. In a little time he was ordered a purgative enema, and, as soon as he could swallow, the usual black purging draught of the hospital.

31st December, 1839.—To-day he is wonderfully improved in all respects—pulse 72, and easily compressed—tongue greatly diminished in size and moist—he can swallow fluids without difficulty—bowels moved—respiration easy—can now close the incisor teeth together, and can speak so as to be plainly understood.

Habeat serum lactis ad libitum.

Sumat. haust. purg.

Infusi sennæ cum sulph. Magnes.

1st January, 1840.—All the symptoms continue to amend—tongue now nearly of its natural size—slept last night—skin quite moist—pulse 76—bowels four times acted on.

Dieta mediocris.

Gargarisma aluminis.

Mistura pro tussi.

Countenance calm and cheerful.

2d January.—Continues to improve—tongue natural—pulse 80—bowels free—slept well—cough continues—slight bronchitis—mucous rale.

Continuentur mistura pro tussi et gargarisma ut antea, et dieta mediocris.

3d.—Is much better—chest clear on percussion—slight sibilous and sonorous rales.

Pergat in usu misturæ pectoralis.

Continuetur dieta ut here.

4th.—Pergat in remediis.

5th.—Discharged cured.

#### CASE II.—DEPRESSED FRACTURE OF THE SKULL.

Pat. M'Mahon of Ennis, aged 75, was admitted into the Clare Infirmary on the evening of the 20th of January, 1836. There was a piece of slate, about an inch and a quarter long, driven into the upper and left side of the frontal bone, and it was found impossible to extract it. Various means were tried, but it was so imbedded in the bone that they all proved ineffectual. A person flung a slate at night in one of the streets in Ennis, at random, and it happened to hit M'Mahon edgeways on the head. There was no fracture extending from the slate in any direction on the external table of the bone. On admission, there were no symptoms either of concussion or compression of the brain, and he came to hospital in 24 hours after the receipt of the injury. The man suffered no pain—all his senses and faculties were perfect—pulse regular—tongue clean—no heat of skin—

no febrile action of the system—in fact he complained of nothing. A consultation was held, and after discussing the various reasons for and against the application of the trephine, it was decided to postpone the operation for the present, and “to wait for symptoms.” The three chief points which decided this practice were, 1st, that it appeared the slate did not penetrate deeply, or there would be some symptoms of compression or otherwise. 2ndly, the operation in itself would risk life, especially in a man of his age; and, 3rdly, some of the highest authorities in the profession advocated the practice of “waiting for symptoms.” Mr. Abernethy says—“whenever the patient retains his senses perfectly, I should think it improper to trephine him, unless symptoms arose that indicated the necessity of it.” It is scarcely necessary for me here to quote the authorities upon this subject, as their names and writings must be familiar to every practical surgeon. John Bell, S. Cooper, Dupuytren, Dease, and Desault, are strenuous advocates for “waiting for symptoms.” Pott, and very many of the older surgeons, and latterly Mr. Porter, in his admirable lectures upon injuries of the head in the *MEDICAL PRESS*, strongly urge the propriety of early operation; and here a man is lost amid the conflict of authorities, upon the proper mode of proceeding in depressed fractures of the skull. The best plan, in my humble opinion, in such circumstances, is to appeal to nature, and to let clinical experience decide the question.

M'Mahon was placed in bed, put upon rigorous antiphlogistic treatment, and was kept as quiet as possible. The injury on the head was dressed simply—up to the 25th of January there were no symptoms of any disease in the head. On the 26th, some slight head symptoms arising, the temporal artery was opened, and as much blood was drawn as he could bear. On the 27th, these symptoms of heat and pain in the head were relieved—on the 30th some obscure head symptoms again appeared, and, on consultation, it was determined that should these persist or increase, the trephine should be had recourse to. On the 2d or 3d of February the operation was performed, as symptoms now indicated internal mischief; and an abscess was found in the brain at a point corresponding with the external injury. The slate had penetrated the bones, forming a compound fracture, and the patient died in four days after the operation. I send this case thus abridged, stating merely the main facts, and avoiding a detail of symptoms, as my object is to contrast this, its treatment, and its termination, with another case of compound or depressed fracture of the skull, that of Michael Hagarty, which appeared in the 13th number of the *MEDICAL PRESS*, at page 197. Had an operation been performed early in this case of M'Mahon, without “waiting for symptoms,” as was done in the case of Hagarty, I do believe he would have recovered. The one case proves the success of early operation—the other exemplifies the danger of “waiting for symptoms.” This question is one of the most intense interest, and of the deepest importance. I have seen many cases end well where the trephine was immediately applied in depressed fractures, without any urgent symptoms; and I have seen lost by delay, timidity, and hesitation, many other cases, which I am confident would have been saved by early operation. For the surgeon “to wait for symptoms” in these cases, appears to me to resemble the conduct of the accoucheur who, in severe cases of unavoidable uterine hemorrhage, when every moment is of the utmost importance, “waits for uterine pains” to assist him in the delivery, and that in both instances, while the surgeon hesitates the patient dies. I hope other practitioners will take up this subject in the *MEDICAL PRESS*, and will communicate their ex-



perience to the profession. I do not know of any point of practice of more absorbing interest and importance. The desideratum is to bring actual cases to bear upon the subject. I see no use in theorizing about it, but let every practitioner come to his own conclusions upon the cases, their mode of treatment, and their termination. I feel it is as much as a correspondent of the *MEDICAL PRESS* can expect, that room for two or three cases at a time be given him; and if he be very prolix, perhaps it would not be reasonable to hope even for that indulgence in a journal in which every column is valuable, and every corner occupied.

#### CASES OF MEDULLARY FUNGUS.

By J. A. EASTON, M.D., President of the Glasgow Medical Association, &c. &c.

THE *MEDICAL PRESS* of the 5th February, contains a lecture by Mr. Carmichael, in which that accomplished surgeon gives, with other valuable matter, a description of medullary fungus and as illustrations of that description, the following cases of that dreadful disease are respectfully presented.

JAMES YOUNG, æt. 33, a shoemaker, of temperate habits, was visited in the end of last August by Mr. Connell, district surgeon, who ascertained that a firm irregular tumour, in size less than an adult fist, existed in the epigastric region, and occasioned little or no pain, except when it was roughly handled. This tumour had been observed a short time before this period, and the patient had occasional attacks of vomiting, and he affirmed, that in about half an hour after every meal, he felt slight pain in the region of the stomach, accompanied by nausea, and by distension of that organ. The bowels were constipated—the pulse about 90. When I saw him two months thereafter, the tumour was greatly increased in volume, occupied the entire space in all directions between the xiphoid cartilage and umbilicus, and as well from the situation of the swelling as also from the previous history of the case, doubts were entertained as to its precise site, nature and relations; some medical men being of opinion, that it was malignant enlargement of the liver, while others attributed the tumefaction to scirrhus of the stomach. The patient's strength gradually declined, the tumour increased rapidly in bulk, on the 13th December the man died, and on the 14th the body was examined in the presence of Dr. Harry Rainy, Mr. Connell, a student and myself. On laying open the abdomen, the nature of the tumour was immediately manifested, and was found to be medullary fungus, the upper part of which lay between the duodenum and pancreas, the former being firmly attached to it superiorly and the latter as firmly attached to it beneath. In fact, to the liver, to the spleen and to the kidneys which were all healthy, though attenuated and to the large intestine was it strongly united by condensed filamentary tissue, while the stomach pushed to the upper part of the abdomen, and the jejunum and ileum pressed entirely to the lower part of the left side, were the only portions of the abdominal contents, which were loose and floating. It occupied the greater part of the abdomen, even extended to, and was connected with, the iliac glands on each side, while behind, it was firmly bound down to the vertebrae many of which were in a state of dry caries. Through the centre of this amorphous mass and deeply channelled in its substance, ran the abdominal aorta full sized, pervious and elastic, and which, notwithstanding the pressure it had to sustain, had well performed its functions, for during life there had been neither diminution of temperature in the lower extremities, gangrene nor anasarca—effects which might have occurred not only from the position

of the aorta, but also from the superincumbent pressure on the veins. The tumour, which weighed nine pounds, five ounces, was firm, lobulated and irregular, enclosed in condensed filamentary tissue, was white, fibrous and medullary in appearance, and in many parts, was evidently organised; a circumstance doubted regarding such tumours, but in this case demonstrated by the existence, in various, forms of red vessels which were distinctly recognised, not only by myself, but also by Dr. Rainy and by his class, in the university, before which it was exhibited.

The circumstances above detailed, throw no light certainly upon the nature of medullary fungus, but convinced, that on correct pathology alone can rest the basis of successful practice, and that an accurate induction can only flow from a comprehensive observation of facts, I consider it to be the duty of every one to record what has passed under his notice, leaving it to some master mind—to some Kiernan—to unfold the mysteries of this singular degeneration. A remark or two however may be conceded, even to the humblest observer, and I would beg therefore to draw attention to the fact, in opposition to some observers, that in many parts of this tumour, blood-vessels were distinctly perceptible, even to the unaided vision, and that this circumstance favours the notion, that such masses, parasite-like, possess an innate independent vitality—an opinion strengthened by the rapidity with which they advance to their enormous magnitude. Increase of bulk is probably the characteristic feature of medullary fungus, and that it takes place often with incredible rapidity, and that the tumour sometimes as Mr. Carmichael remarks, “softens into a semifluid state in which it is frequently mistaken for abscess, and an opening made into it,” the following recollections of another case of this disease, may perhaps illustrate:—

A man applied for advice regarding a large abscess in the region of the spine of the scapula, which abscess he said had made its appearance only five days before. Distinct fluctuation was felt, and on the advice of several surgeons of eminence, an opening was made into it from which came forth a fluid, composed chiefly of arterial blood, with which, however, was mixed a semifluid substance of softish consistence, and of grumous appearance. The tumour, in place of subsiding, spread rapidly, the red current oozed out continuously from the puncture, drenching the bed-clothes, and appalling the on-lookers, the cellular membrane of the upper part of the back and of the thorax was raised up, the vital powers gradually became exhausted, and in eight days from the appearance of the abscess, the patient died. The surviving relatives naturally enough, attributed the death to the puncture, and applied to the authorities for a medical investigation, which of course was readily granted. The inspection of the body shewed in a frightful degree, the extent of the degenerating influences. The muscles in the diseased locality, were a semifluid disorganised mass, of a reddish brainy colour, in a state of progressive solution, and this semifluid substance pervaded the larger veins in the vicinity of the heart, and the cavities even of the heart itself. Now all this took place in eight days, and though death would inevitably have occurred whether an opening had been made or not, the narrative probably of the above details may save a great deal of opprobrium, and lead to more circumspection than was evinced in this case, which occurred about eight years ago in my own practice.

Though in no way elucidatory of the nature of medullary fungus, I may be allowed, before concluding, to call attention, in one word, to the position which the abdominal aorta occupied in the former of these cases, and to the absence of those effects which such





a position might have been supposed to produce. While, during the work of destruction, organs had suspended their functions, parenchyma had become attenuated, and bone itself had given way, the elastic artery alone completely sustained its office, and remained "unhurt amid that wreck of matter." From this solitary fact might be drawn many interesting physiological deductions; but these I leave for the present to the "general conceptions" of the reader.

31, College-street, Glasgow, Feb. 12, 1840.

#### CASE OF FOREIGN BODY IN THE ŒSOPHAGUS.

By JAMES FITZPATRICK, M.D., of Kilworth.

A few mornings ago, an old man was brought to the dispensary here, labouring under very distressing symptoms of suffocation, in consequence of his having, the previous night at supper, swallowed a *morsel of meat*, which, himself and his friends declared, had *stuck in his throat*; his sufferings being very acute, particularly during respiration, or in the act of taking fluid, a little of which I wished him to get down for the purpose of ascertaining, if possible, the seat of constriction. I proceeded, at once, to an examination with a small flexible catheter which I introduced to a considerable extent down the œsophagus, but could not detect any *foreign body*. I then procured an elastic whalebone probang—having a bit of fine sponge attached to its end, and cautiously guiding it over the epiglottis to the back of the pharynx, I gently pushed it along the posterior part of the œsophagus down nearly to the cardiac orifice. I retained the instrument here for a few seconds, in order that the sponge might acquire a sufficient degree of *dilation*, and then *very slowly* withdrew it, when, to my surprise and satisfaction, a portion of *unchevred meat*, about two inches long, having attached to it a *sharp spicula of bone* of the same length, made its appearance, and instant relief was obtained. Fortunately no laceration occurred, for it would seem that this "foreign body" lay *parallel* with the tube of the œsophagus, or in some slightly oblique direction.

In this case, I presume, the consequences would have been most dangerous, perhaps fatal, had I either administered an *emetic*, or pushed into the stomach the *portion of meat and bone* so lodged—in either instance, the *lining mucous membrane* might suffer irreparable injury.—February 4, 1840.

#### ST. VINCENT'S HOSPITAL.

The operation of castration was performed here, on Tuesday last, for fungus hæmatodes of the testicle in its early stage, by Mr. Bellingham.

The patient, a healthy, labouring man, aged 58, had noticed the enlargement of the testicle something more than a year previously, but felt no inconvenience except from its weight: it was only painful after being handled: the spermatic cord was healthy: the tumor was about the size of a large hen's egg: it was heavy, and its surface quite smooth: the integuments sound: in front there was a distinct feeling of fluctuation: posteriorly the epididymis felt much indurated.

On dissection, the body of the testicle presented the usual pulpy appearance:—The cut surfaces pale: its centre softened and dotted with dark spots, like extravasated blood: the epididymis was nearly as hard as cartilage: the layers of the tunica vaginalis were adherent, except in a few places where a small quantity of a limpid fluid was collected. The patient is doing well.

#### EMANATION OF LIGHT FROM THE HUMAN BODY

TO THE EDITORS OF THE MEDICAL PRESS.

Berehaven, January 24, 1840.

GENTLEMEN,—I have read with much pleasure in your Journal of the 15th instant, a letter from Dr. Donovan of Skibbereen, on the supposed radiation of light from the human body; and as analogous to this case, and giving some degree of colour to his solution of the phenomenon, I beg leave to quote one which was recorded in the *Algemeine Literatur Zeitung* for 1786, and which I brought forward on a former occasion, in an article on "spontaneous human combustion," published in the *Dublin Medical Journal*, number 9:—"A Friar named Bertholi, who lived in Mount Valere, went to the fair of Filetto, and having walked about all day, retired in the evening to the house of a relative at Fenile to spend the night. Upon his arrival he went to his bed-room, and had a handkerchief placed between his shoulders, beneath his shirt. In a few minutes after, having been left alone, a singular noise, mingled with cries, was heard from his room; and when the people of the house rushed in, they found him on the floor, surrounded by a lambent flame, which retired as they approached. When visited next morning by Joseph Battaglia of Ponte Basio, the integuments of the right arm were found loosened from the muscles, and hanging down, and those of the back, between the shoulders, and the thighs, were in the same condition. The part of the right arm, which had sustained most injury, appeared in a state of incipient putrefaction, and next day was quite gangrenous. On the third day there were thirst, fever, violent convulsions, fetid stools, vomiting, and delirium, and the gangrene had extended to all the injured parts. On the 4th day he fell into a comatose state, which lasted two hours, and he then died. Battaglia observed, during his last visit, that putrefaction had commenced, and, indeed, had made considerable progress. The nails had loosened, and were ready to fall off; the stench was insupportable, and maggots crawled from the body at every point. The account which this patient gave of his singular attack was, that he felt a blow upon the right arm, as if inflicted by a club, and then saw a spark hanging on his shirt sleeve, which immediately reduced it to ashes. The handkerchief already spoken of, as also his drawers, were uninjured; but his night-cap was consumed, although his hair was not touched. There was no empyreumatic smell, and not a trace of fire or smoke in the room. It should also be observed that the night was calm, cool, and clear."

The case at Glandore was one that I felt great interest in at the time, and I eagerly embraced every opportunity of conversing about it with persons likely to give me information, and, among others, with my friend Dr. Donovan. I do not remember that any of them mentioned any odour as having been exhaled from the body. Now, on the supposition of per-phosphuretted hydrogen having been the cause, there ought to have been a garlic smell peculiar to that gas. Another difficulty in this theory seems to me to be this—that in the case of this gas, the explosion takes place immediately on its coming in contact with atmospheric air, whereas the "Glandore lights," as I recollect, were always seen at a distance from the patient's person. But I conceive the great difficulty of all is the different accounts given by the different persons who said they saw the lights, and the fact that some could not see them at all. This it is which seems, unavoidably, to reduce the case to the class of imaginative illusions, similar to some of those epidemic hallucinations detailed in Sir W. Scott's work on demonology and witchcraft. In conclusion, I



would observe that the secretion of combustible products, by the living animal body, is one of the most curious within the whole range of pathological speculation, but one on which we have at present too few data for any positive conclusions.

I remain,

Your most obedient servant,  
EDMOND SHARKEY, M.D.

#### DR. HEISE'S CASE OF SPONTANEOUS AMPUTATION AT THE KNEE-JOINT.

In the last number of *L'Experience*, M. Mondière adds to his translation of this singular case (for the original of which see *PRESS*, Vol. II., p. 38,) the following analogous fact which came under his own observation in the year 1834:—

"A man having been injured by a number of large stones falling upon him, was brought, in about half an hour after the accident, to the hospital of Loudun. He was found to have suffered fractures of the left femur about its middle, and of the right humerus at the distance of one-fourth of its length from its upper extremity. There was considerable bruising and injury of the soft parts of the arm below the seat of fracture, so much so, as to lead to the proposal of immediate amputation which was rejected by the patient. Gangrene ensued, and, in three weeks, the arm separated at the fracture. The man speedily recovered, and is now alive."

#### DIVISION OF ONE OF THE MUSCLES OF THE EYE IN STRABISMUS.

M. Dieffenbach announces that he has effected many cures in cases of strabismus, by dividing the rectus internus muscle of the eye by means of a slight incision through the conjunctiva.—*Gazette des Hôpitaux*, February 11.

#### DR. EVANS' CASE OF DEFICIENCY OF UREA.

TO THE EDITORS OF THE MEDICAL PRESS.

Newmarket-on-Fergus, Clare,  
January 27th, 1840.

GENTLEMEN,—Mr. Antisell, of London, having done me the honour to notice a paper of mine, which appeared in Vol. II. p. 350, of your useful Journal, may I request that at your earliest convenience you will have the goodness to insert the following in reply to his observations.

In the paper referred to I have stated, that my patient's urine was "strongly alkaline, presenting no traces of albumen or sugar, eminently deficient in urea, and of sp. gr. 1.011." Mr. A. doubts those inferences, and wishes to be informed upon what grounds I deduced them. He thinks the sp. gr. too high to suppose these proximate principles *absent*." Now, when we consider, in the first place, that observers have not yet agreed in fixing the standard gravity of urine, either in its healthy or morbid states—Prout and Willis making the sp. gr. of healthy urine, at from 1.010 to 1.015—Rayer and Elliotson at 1.018—Solon and Bostock at 1.020—Gregory and Christison at 1.025—Henry, Turner and Alison at 1.030—Milligan at 1.033—and D'Arcet at from 1.001 to 1.060! and, further, when we consider, that the average gravity of urine holding albumen in solution is about 1.014; and, that the urine of this patient, though passed in increased quantities, contained a much larger amount of alkaline and saline particles than is usual. When, I say, we consider these facts, we must not be surprised at its apparently high specific gra-

vity, nor think 1.011 too high, even though urea, albumen and sugar were totally absent.

In the second place, the sp. gr. which I have given is the result of a number of observations made by me with Stevenson's urinometer, the same instrument made use of by Professor Christison in the wards of the Royal Infirmary.

That albumen was *absent*, I infer from the urine *not* growing turbid, milky, or coagulable, under the influence of *evaporation* and *boiling*—from *no* precipitation taking place when *nitric acid* was added cautiously, and in increased quantities—and from *acetic acid* causing a *precipitate* which it never does in an albuminous fluid. These three characters *combined*, afford, and alone afford incontestable and decisive evidence of albumen when present in morbid urine.

With great respect for the high scientific attainments of Mr. A., I do think he is in error when he says, that albumen *cannot* be detected in urine which is alkaline, by *any* test, until its alkalinity is neutralized. In part I grant that Mr. Antisell is right, so far at least as *some* tests are concerned, such for instance as the bi-chloride of mercury, alum, tannin, creosote, ferro-cyanate of potass, and subacetate of lead; but *heat*, *nitric acid*, and *galvanic electricity* will *detect* (with a little precaution) albumen in urine, whether alkalies are present or not.

That *sugar* was *absent* is abundantly evident from the fact, that when some of the urine was acted upon by yeast, the fluid, after exposure to a heat of 80° F., and rest for 48 hours, underwent *no* degree of *attenuation*,—no alcohol being formed. This is allowed to be the most delicate, unerring, and available test hitherto proposed, for the detection of minute quantities of sugar.

That the all-important principle *urea*, was *deficient*, if not altogether *wanting* is proved, by the following experiments. A given quantity of the urine was carefully evaporated by a heat of 196° F., to *dryness*. This was acted upon with boiling alcohol to take up any urea present. This alcoholic solution was cautiously evaporated, and the residue acted on with boiling distilled water, which readily dissolves urea. Then, this was with great care and attention concentrated by slow and cautious evaporation "in vacuo," and in contact with dry anhydrous chloride of calcium, which, as they arose, absorbed and condensed the aqueous vapours. To this concentrated *watery* solution, nitric acid was now added, but *no* nitrate of urea formed, nor did M. Marchand's test afford any grounds for suspecting the presence of urea.

Further, the urine when boiled afforded *no* trace of *carbonate of ammonia*, nor did the watery solution above spoken of; and when the alcoholic residuary extract was treated with pure potass and heat, *no ammonia* formed, which would not have been the case, had any urea been present.

On my process for detecting urea, Mr. A. remarks, "that the evaporation, solution, and re-evaporation would be very likely to decompose any urea present." I submit that here Mr. A. is in error. First, in evaporating the urine to dryness, the heat employed for that purpose was that of a *vapour bath*, which heat would certainly *not* decompose any urea present. Secondly, the extract which was left after the water (of the urine) had been driven off, was dissolved in boiling alcohol. Now, alcohol boils at 176° F., which heat most assuredly will *not* decompose urea; and, thirdly, it could not suffer decomposition by the re-evaporation, as this was conducted "*in vacuo*," and in contact with sulphuric acid. Here, then, all chances of decomposition, either from a high temperature, or from atmospheric contact, were strenuously guarded against. But is Mr. Antisell aware, that a *pure* alcoholic or watery solution of urea, may be exposed



to the air for months, or boiled repeatedly, and yet resist decomposition?

Again, so far as I can judge from experiments, Mr. A. is wrong when he affirms, that M. Marchand's test will not detect urea in solutions which are *alkaline*. But even supposing it could not, if Mr. A. will be so good as to refer to the text, he will there find, that it was *not* the *urine* which I submitted to M. M.'s test, but the *pure watery solution* of what remained after the spirits had evaporated.

Lastly, Mr. A. objects and says, that nitric acid should have thrown down colourless crystals, (nitrate of urea) had any urea been present. Here again, I must accuse Mr. A. of inaccuracy, with regard to *that* part of my paper. The text does *not* say that it was to a *solution* of any thing I added the nitric acid, but to the *dry* residuary matter left after the alcohol had been driven off. I presume it is only when you drop nitric acid *into* a *solution* containing urea, that the peculiar and characteristic crystallization of nitrate of urea will take place, and not when you act upon a dry powder, supposed to contain urea, with concentrated nitric acid, and then expose the mixture to heat.

Mr. A. asks, "where did the *ammonia* come from mentioned in the text?" Is Mr. A. aware that when you treat *dry* urea with nitric acid, and expose them to a gentle heat, you have *ammonia* produced by a new arrangement of the *elements* entering into the composition of the urea and nitric acid. *Cyanic acid* and *ammonia* are formed. This compound, cyanate of ammonia, when dissolved in distilled water, then a little nitric acid added, and lastly, a few drops of caustic ammonia, develops, upon the application of heat, a purple colour, and, which, from its colour, I take to be *purpurate of ammonia*.

Hoping that you will pardon my trespassing so far upon the columns of your most useful Journal,

I AM, Gentlemen, yours, &c.

S. PATERSON EVANS, M.D., Edin. &c.

#### CHANCERY CACHEXIA.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—The criticism, in your last, signed "A Lover of Truth," so evidently refutes itself, that reply is unnecessary. As to the attack on the character of the deceased clergyman, the public will know how to appreciate it, when informed that it proceeds from the party engaged in Chancery litigation with him.

I have the honor to be, Gentlemen,

Your very obedient servant,

JONATHAN OSBORNE.

#### REVIEWS AND NOTICES OF BOOKS.

SKETCHES OF PROMINENT SURGEONS OF LONDON AND PARIS. By WM. GIBSON, M.D., Professor of Surgery in the University of Pennsylvania. Philadelphia. 1839.

SUCH of our readers as have had the pleasure of meeting Professor Gibson during his short sojourn in these countries, will easily understand the anxiety we felt to hear his own account of the impressions made upon him by his European medical brethren, as soon as we learned that he had confidentially communicated these impressions to his class. To them, therefore, we need offer no remarks prefatory to the two or three spirited sketches which our space permits us to lay before them. To others, we shall allow Professor Gibson himself to explain the feelings he brought with him from our shores, and which, we hope, may,

before long, be shared by all our countrymen (if we may be allowed so to call them,) on the other side of the Atlantic:—

"In fact, from all I have seen, I am convinced of the ardent wish, of the British especially, to acquire accurate information respecting our country, its institutions, civil and literary, its resources, population and extent, its vast rivers, lakes and mountains, its natural history, generally, and the physical and moral condition of its inhabitants,—most of whom they look upon as their own descendants, possessing the same spirit, energy, and habits, speaking the same language, and allied to them, closely, by the ties of consanguinity, and, as such, disposed to favour and cherish them, beyond all other foreigners, notwithstanding attempts made by some of their own travellers and writers, for interested purposes, to destroy their confidence, and alienate their affections."

The first visit our author paid in London was to Sir Astley Cooper, or, as he styles him, 'the Wellington of British Surgery.' The truth of the following graphic sketch will be recognised by all who have enjoyed the advantage of being able to compare it with the original:—

"I repaired, therefore, to his house, without any introduction whatever, was ushered into his presence, and received with a courtesy and urbanity I was totally unprepared to expect; for, upon my name being announced, he came forward with the ease and alacrity of a young man, and expressed, in the kindest possible way, his pleasure at meeting one connected with a university he had long known by reputation, and with some of whose professors he had been upon the most intimate terms of friendship, whilst fellow pupils with them, under the celebrated Hunter. Imagine to yourselves a tall, elegantly formed man, moderately robust, with a remarkably pleasing and striking countenance, red, and fresh as a rose, apparently about fifty-eight or sixty years of age, but in reality, beyond seventy, very agile and graceful in all his movements, simply, but handsomely attired, with the ease and vivacity, and cheerfulness of a youth, with few or no marks of age, except a head as white as the driven snow, and you will be able to form a very just conception of the appearance of Sir Astley Cooper."

"Next to Sir Astley the most prominent London surgeon, perhaps, is Sir Benjamin Brodie, with whose writings and reputation I had long been familiar, but with whom, personally, I had no acquaintance during my first visit to Europe. I intended to treat him without ceremony, by calling and making myself known, but Sir Astley had anticipated me, by previous speaking in my favour, and afterwards presenting me with a letter to him. His appearance was altogether different from what I had supposed; for, instead of being full, stout and ruddy, as most Englishmen are, I found him thin, pale, and seemingly delicate and dyspeptic; the result, however, as it struck me, of hard professional work, mental as well as corporeal, rather than of natural feebleness of constitution. His countenance was pensive, and verging towards a melancholy cast, but the moment he spoke it was lighted up by a smile, so peculiarly winning and attractive, so strikingly benignant and intelligent, as (added to uncommon softness and sweetness of voice, with manners so gentle, unpretending and free from assurance or arrogance,) to be calculated, I thought, to captivate, irresistibly the most fastidious taste."

We regret our limits do not permit us to give any portion of the sketches which follow—of Messrs. Lawrence, S. Cooper, Copeland, Guthrie, B. Cooper, Liston, &c.: for the following, however, as the testimony of a disinterested witness, in favour of a much-injured professional brother, we must make room:—

"There is one gentleman of whom I cannot avoid notice, inasmuch as his name is associated with recent transactions in England, of so exciting a political character, as to have attracted the attention of the whole world. I allude to Sir James Clark, the physician of the Queen, and as such, *disagreeably* involved in the affair of Lady



Flora Hastings. Of this affair it is needless to speak, as various conflicting accounts have reached every one, further than to express the opinion derived from intimate acquaintance with Sir James—though I never conversed with him on the subject—that it would have been impossible for such a man, so highly gifted, so mild, amiable, gentleman-like, so well versed in all the rules of high life and good breeding, and with all, so full of discretion, self-respect, and foresight, to have committed any of the enormities attributed to him for political purposes, and by writers of the vilest stamp and most degraded associations. That he may have been deceived by appearances, failed in his diagnosis, and suffered his judgment to be misled, by the fear of responsibility, or erred from various other causes, is possible, but that he lent himself, and professional reputation, to the vile purpose of blasting the character and ruining the happiness of an unfortunate female, to secure for himself, through court intrigue, favour and rewards, advantages he could not otherwise have gained, is an assertion I am sure his most virulent professional or political enemy can never seriously believe; and that he could explain to the entire satisfaction of the world, if circumstances would permit, his whole agency in the affair, I have the strongest reason, from disinterested sources, to assert.

"In person, Sir James is rather tall and slender, his countenance open, and cheerful, and pleasing, but marked with deep thought and reflection, and his accent slightly Scottish and agreeable. With manners highly polished and refined, the result of much travel and education, he gains the good-will and confidence of all who approach him, and leaves an indelible impression upon their minds, of integrity, talent, learning, taste, and benevolence. He is the author of an excellent treatise on consumption, and of another on climate, is engaged in extensive business, and more consulted in diseases of the chest than any physician in England. He is still the physician and intimate friend of the queen, and, except by a political party, is as much respected as any medical man in the kingdom. My last day in London was spent with his family, and the impression produced by their kindness and hospitality can never for a moment be effaced."

Professor Gibson's second lecture is devoted to sketches of eminent Parisian surgeons, some of which we hope to lay before our readers on a future occasion. Among the medical men whom he met with in Edinburgh, Dublin, Bristol, Liverpool, Norwich, and Birmingham, he enumerates Sir Charles Bell, Sir George Ballingall, Professors Thompson, Alison, Christison, Graham, Hamilton, Macartney, Sir P. Crampton, Mr. Carmichael, Drs. Abercrombie, Combe, O'Beirne, Macdonnell, Maunsell, Lendrick, Pritchard, Hastings, Forbes, Symonds, Cowan, Barlow, Arnott, Messrs. Estlin, Crosse, Turner, James, Soden, Norman, Hodgson—'of whom,' he hopes, 'before the close of the session, to furnish his class with some details.'

#### GRIEVANCES OF JUNIOR PRACTITIONERS.

TO THE EDITORS OF THE MEDICAL PRESS.

Dunmore, January 11, 1840.

GENTLEMEN,—As a junior member of your profession, may I beg leave, through the medium of your valuable Journal, to address and appeal to my seniors and the profession at large, relative to the oppressions and injuries of the junior practitioner. To those members benefitting by, and granting the licenses and diplomas of the different Colleges, I wish more particularly to appeal. In the Medical field, we see men arduously and warmly advocating the rights and privileges of the respective colleges; but we see none advocating or supporting the rights and privileges of the junior practitioner. While a student, he will meet men coming forward and advising him to become a member of their College, and, as it were, act as his guardians and his friends: but, when his name

is enrolled on their books: when, in fact, he becomes one of them, and has a claim on them—then they resign the guardianship, and leave him to contend with, and struggle against, the many and various crosses which this life presents to the junior of every profession. Let us look to our twin profession, the law: do we see an unqualified man pleading in court? no; but we see its members in friendly and firm co-operation—the seniors advancing and protecting the rights and privileges of their juniors. Surely, looking on the members of the medical, man for man, we do not find them inferior to those of any other profession! *Nam homines ad Deos nulla re proprius accedunt quam salutem hominibus dando*. The junior medical man, when he commences his professional career, finds the larger towns well supplied with his seniors, with whom he cannot contend. He is then compelled to settle in some of the minor country towns, and there finds, perhaps one or two, what I call *pseudo-practitioners*—men possessed of no qualification whatever, but possessing more self will and confidence than a Carmichael, a Colles, or a Cooper, who are not alone content with being stiled doctors, *sed doctissimi doctorum*.

The consequence of such practitioners is simply this:—A comfortable farmer calls on the qualified man to go and visit his friend—a distance of six or eight miles—he demands his fee, and is presented with five or six shillings—he refuses this sum, and says he will not visit the patient unless he gets his regular fee—one guinea. He is then told that Dr. ———, or Dr. ———, will attend for the sum offered. The patient is afterwards visited by Dr. ———, and, fortunately for himself, venesection and purgation is all that is necessary. This done, the patient recovers, and adds to the professional reputation of Dr. ———.

How, then, is the junior practitioner to act? Is he to become a five shilling practitioner, and disgrace his profession? Still further extends the wrongs of the junior practitioner—he finds one of those self-taught, self-licensed gentlemen holding a dispensary, or perhaps two—having the attendance of the police in his district, and attending coroners' inquests. Such being the case, how can the junior practitioner realize a livelihood? How is he to be recompensed for the heavy expense which he has unnecessarily incurred in obtaining his diploma, if this pseudo race of practitioners are sanctioned in the country, and allowed to intrude on the rights and privileges of the junior practitioner?

Hoping that some of my seniors will notice my appeal, and seek redress for their juniors,

I remain, gentlemen,

Your obedient servant,

E. M. DAVIES, Surgeon.

TO CORRESPONDENTS.

Communications received from Mr. Maunder, (Cul-lompton,) Drs. Richey, (Bangor,) Stewart, (Lifford,) Purefoy, (Cloughjordan,) O'Reilly, (Balbriggan,) Mr. Carter, (Newcastle-upon-Tyne,) Dr. Heilly, (Roscommon,) M. Meahan, (Belfast,) Blake, (Ardee.)

We can attend to no communications which are not authenticated by the names and addresses of the writers.

Gentlemen who may desire to be supplied with the Press will find it to their advantage to communicate directly with the proprietors. To insure a prompt and regular service of the paper, it is only necessary to observe the following directions:—The person wishing to be supplied, has merely to deposit, in the nearest post-office, the amount of his subscription for any period he may think proper, according to the scale printed in our last



page, and to demand from the POST-MASTER an order on the post-office, Dublin, in favor of the Proprietors of the MEDICAL PRESS. This order will cost sixpence, which may be deducted from all subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, in which the subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it, "Medical Press, Dublin," and return it into the hands of the post-master. The order will be complied with by return of post.

English correspondents are requested to send their communications, *carriage-free*, either direct to the "Medical Press Office, Dublin," or to Mr. Churchill, Prince's-street, Soho, by whom all advertisements and orders will be taken in. Advertisements received for insertion in London until noon on Fridays, and in Dublin until six o'clock on Monday evenings. The increasing circulation of the PRESS, (as shown by the Parliamentary stamp returns,) makes it a particularly advantageous medium for all announcements of matters connected with literature, or with medical or scientific pursuits. The MEDICAL PRESS may be ordered from all news-agents in England, who will please to forward their commands through Mr Joseph Thomas, 4, Finch-lane, Cornhill, London.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 19, 1840.

### THE ANTI-REFORM MEDICAL CLUB.

It was not our intention to have made the pages of the PRESS further serviceable for the gratuitous advertising of this fraternity, either by commenting upon its social condition of collective wisdom, or by gratifying the individual yearnings for fame of its "distinguished members." It was our wish to have rested satisfied with the exposure we had made of the real objects of the parties concerned, and to have permitted them to sneak out of the odious position of opposition to the public interest in which they had placed themselves, the discomfort and danger of which they had in several advertisements publicly acknowledged. Satisfied with their public recantation of anti-reform designs, and harmless assumption of the ludicrous character of 'socialists,' we should have suffered them to sink quietly into oblivion, had they not (probably encouraged by our forbearance) ventured to make another public demonstration of their dread of improvement, and mean hatred of all who desire to promote it. The demonstration to which we allude is a manifesto, published originally in an evening paper, and since copied into a journal, for its admission into which, we suspect, family and academical reasons might, without any very forced construction, be assigned. The article purports to be an editorial one, but it is not a matter of difficulty to trace its parentage; and, to all intents and purposes, it is a declaration of the feelings of the club, and not the less likely to contain a correct account of them, that it is put forward under false colours, and is contradictory of former solemn assertions. A part of the manifesto in question we must quote as follows:—

"But we must confess that we have witnessed sometimes, with regret, an outbreak of hostility, which surprised us the more, as the cause was not easy to assign, unless it be (which, indeed, we have some ground for suspecting) that the *political fever of the present times, the same restless desire for change, the same wish to pull down settled institutions and build new ones, according to their own model*, are beginning to spread amongst them, (the medical profession.) If such be the case, we can only say that the public is not yet accustomed to look upon the medical man as a

politician; and it is very doubtful whether, in his new character, he will receive for himself the respect which has always been accorded to him. *We, therefore, are glad to find that a club has been formed, in which every question of medical, as well as other politics, is carefully excluded; as it will not only be an advantage to medical men themselves, in preventing unseemly disputes, but will correct errors into which the public might fall with regard to them, from the political activity of a small portion of their body.*"

We pray our readers to look to the first passage of the foregoing extract, which we have printed in italics, and to notice the definition of medical politics therein contained. If any should be ignorant of what are the old 'settled institutions' alluded to, we will inform them that they are Colleges in which bye-laws can be conveniently manufactured for restricting medical education, and diverting into the pockets of three or four individuals, £15,000 or £20,000 in the shape of apprentice fees, for which no return is given; that they are public charities, in which lodgings can be let, and the rent gathered into private coffers, and on which sons and nephews and parasites can be quartered, without regard to the general good, or the claims of individuals; that they are laws, and customs, which have the force of laws, whereby merit, and honest ambition to advance the interests of humanity, are postponed, in the distribution of honours and rewards, to selfish cunning, and mean intrigue. These are the institutions which have kindled the *medico-political fever of the present times*, and it now appears that the *one and only purpose* of the club is to allay this fever, and by preventing the 'unseemly disputes,' which its hot stage may occasion, to guard these models of wisdom from the 'political activity' of the mass of the profession, and to *correct any errors into which the public may fall with regard to them.*

The club have now openly declared their general objects, and no one need be longer in doubt as to what they are. They, doubtless, intended to do so, although it was thought expedient in another place to 'deny the same.' They have not, however, been satisfied with a declaration of principles, and they have, accordingly, with a curious fidelity to their nature, let slip an illustration of their 'only ruling principle'—that of attempting to crush whoever may have the hardihood to seek the promotion of the public good, without, at the same time, advancing the interests of a clique. It is not difficult to discover who are the obnoxious *political physicians*, whose doom, it appears, the club is shortly to seal. Our notions upon *political medicine* are before the profession, and, we are happy to say, also before the public in Great Britain, as well as in Ireland, in the widely-circulated volumes of the PRESS, and we are free to admit that we do think and hope that the views we have taken on this subject are very unlikely to secure for us the sort of 'respect which has always been accorded' to these gentlemen who have not thought it 'unseemly' to subscribe their money, and lend the influence of their names, in the vain hope of being able to divert public attention from their conduct, by a still vainer effort to stifle the voice of the PRESS, and crush its turbulent and unmanageable Editors.

### CURIOSITIES OF MEDICAL LITERATURE.

AN article has been, for some time, going the round of the newspapers, to an extent which evinces considerable industry on the part of the author, and has, at length, made its appearance in *Chambers' Edinburgh Journal*, with the following solemn preface, in the ordinary, Justice Shallow style of that periodical:—

"WHAT IS THE PRACTICAL GOOD OF SCIENCE?"

"The common mind is little qualified to trace



science to its results in the promotion of human happiness. In the following case, however, the benefit is so direct, that the simplest may comprehend:—

“On the occasion of a recent visit to the metropolis (Dublin,) we had an opportunity of seeing and learning the particulars of one of those extraordinary proofs of the resources of medical, or rather surgical science, which, both in these countries and on the continent, have, of late years, surprised and gratified mankind, and which are among the best and noblest triumphs of the art. The case to which we refer is that of a child then, and probably still, in St. Vincent's Hospital Stephen's-Green; and the particulars, as stated to us by a non-professional gentleman, by whom we were accompanied, and who had taken great interest in the case from the commencement, were as follow:—The wretched infant, the child of poor parents in the neighbourhood of Cabinteely, was the subject of one of those hideous malformations with which it occasionally pleases Providence to afflict and disfigure humanity, and which in the present case, was what is usually termed 'pig's-face.' In this instance nature had failed to make either a front to the mouth or a bottom to the nose, and in the stead there projected a kind of proboscis or snout, like that of a pig, with two teeth pointing outwards from its end. The wretched child, as soon as it was able to make an effort to feed itself (for it never suckled,) was in the habit of thrusting its arm, up to the elbow, in the hideous cavity in the lower part of the face, in order to place its food within the passage to the stomach. The feelings of aversion with which the miserable creature was regarded by their neighbours, rendered the condition of the unfortunate parents most wretched, until at length the poor mother, sick of its constant presence and monstrous appearance, brought it to the hospital, declaring she would be quite resigned to the result of any operation, however hazardous to its life, if there were any chance of rendering its appearance less miserable and disgusting. The child was in consequence admitted into the hospital, where, under the most discouraging circumstances, an operation was planned and performed by its distinguished chief surgeon, Mr. Ferrall. We are, of course, unable to give any professional detail of the proceeding, but, incredible as it may appear, all the natural deficiencies of feature were, under this gentleman's skillful management, supplied from the flesh of the adjacent parts, and the infant, at the time to which we refer, when it was little more than a year old, already exhibited the appearance of perfect health and of a well-formed face. When the child was first seen by the parents after the decided success of the operation, it would, as we were assured, be quite impossible to describe the excessive joy of the poor mother, as on her knees, she presented to the anxious father the altered infant, now become a really well-looking and comely child. Such, we repeat, are among the best and noblest triumphs of the profession.”

In the very same number of the journal, but in a different page, another paragraph occurs which we shall take the liberty of quoting. It is:—

“We may, at the same time state, that we, some time ago, and with the best intentions, copied a paragraph from a London newspaper, purporting to describe some remarkable cures in deafness, performed by a doctor of medicine, whose name was mentioned, and which we are now satisfied had been originally put in circulation as a quackish puff. The very vile practice of which nearly all newspapers are guilty—of inserting paid puffs—renders it extremely difficult to know what is true from what is false, in our public prints. In future, we shall endeavour to be more cautious in quoting any piece of information from

them which appears worthy of a wider circulation than their pages afford.”

No one who reads this last extract will accuse the editors of any evil intention, or of anything, save ignorance, in having again fallen ‘into the very vile practice of which nearly all newspapers are guilty,’ by inserting the first quoted ‘quackish puff,’ with regard to one of the commonest and oldest operations in surgery. We should not have blamed Messrs. Chambers for not understanding that the ‘pig's face,’ to the ludicrous description of which they have given ‘a wider circulation,’ was neither more nor less than a double hare lip. Nor should we have expected that they would have understood that there was no skill required for its cure, which is not possessed, and constantly exercised by every village surgeon in Scotland: the only thing ‘incredible’ in the whole story being the impudence of its fabricator. We must, however, confess that we do see cause for blame, when purveyors of ‘information for the people’ mislead their customers by dealing with subjects of which they have no knowledge.

If Messrs. Chambers desire to dabble in phycsic they should procure the assistance of a medical sub-editor.

#### THE DISPENSARIES.

We extract the following warning from the *Roscommon Journal* of Saturday last, February 15. We recommend it to the attention of those whom it may concern:—

“We deem it but just to apprise the medical gentlemen who have dispensaries in this county, that opposition will be given to the passing of their presentments at the approaching Assizes. We advise them to be in attendance on the day the Fiscal business will be gone into, Wednesday.”

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, FEBRUARY 13, 1840.—Council met.

The subscription of James Nelson Walsh, M.D., of Ballinakill, being handed in, he was enrolled a member of the Association.

#### NORTH OF ENGLAND MEDICAL ASSOCIATION.

The Council of this Association held their first meeting on Wednesday, 12th instant, at Newcastle-upon-Tyne, when a memorial, addressed to the Marquis of Normanby, relative to the existing state of the medical profession in Great Britain and Ireland, was read and approved of. The petitions to the two Houses of Parliament, which were agreed to at the meeting of the Association on January 21st, have been forwarded for presentation to the Duke of Northumberland and Lord Howick. The report of the Provisional Committee is in the hands of the printer, and will be extensively circulated in a few days, together with copies of the petition and memorial.

#### PETITION—PETITION—PETITION.

We hope the occasion of the Assizes will be taken advantage of by our provincial brethren, for the purpose of getting up petitions in favour of reform. Without petitions, the friends of the profession in the Houses of Parliament are powerless; while with their aid, reform, even in the present session, is all but certain. In order that there may be no excuse for supineness or delay, we reprint the Petition of the Medical Association of Ireland, which will serve as a model. It is to be observed that all which is required or useful in documents of this sort is a simple prayer



asking for the object desired. No lengthened argument is necessary; indeed, any such is, in almost every case injurious. It is never read to the House, and frequently mystifies the clerk, so that we have often known petitions to be recorded in the Votes as containing a prayer diametrically opposed to that intended to be expressed by the petitioners:—

TO THE KNIGHTS, CITIZENS, AND BURGESSES, IN PARLIAMENT ASSEMBLED.

*The Petition of* \_\_\_\_\_

HUMBLY SHEWETH,—That the necessity for a reform in the medical institutions of the country being now universally admitted, and the grievances of the medical profession, and consequent detriment to the public interest having now reached such an extent as to elicit from every portion of the empire a cry for their removal, your petitioners earnestly entreat that your honourable house will no longer defer entering upon the consideration of this subject, but proceed at an early period of the present session to take such steps as to your wisdom may seem best fitted for the ensuring an effectual measure of medical reform.

And your petitioners will ever pray.

The mode of proceeding will be to have a copy of the foregoing petition, written, in a legible hand, upon a large sheet of paper, and headed as “The Petition of \_\_\_\_\_ Medical Association.” The signatures of the president and secretary are then to be affixed to the sheet, which is to be folded in a cover, open at the ends, and addressed to any member of the House of Commons. If the word “Petition” be written on the cover, open at both ends, and the packet do not exceed six ounces in weight, it will pass postage free. A letter should also be forwarded to the member, calling his attention to the matter, the postage of which should be prepaid.

Where no association exists, or where it could be inconvenient to call the members together, any two, or three, or more medical men may forward a petition in their own behalf, describing it in the heading, as “The Petition of the undersigned medical practitioners, residing in \_\_\_\_\_.”

A petition has been forwarded from the medical practitioners of Ennis; but we have not as yet noticed any mention of its presentation to the House.

MEDICAL CHARITIES.

The following resolution and petition, founded thereon, have been agreed to by the governors of the North Cork Infirmary:—

“Resolved—That this Board do now petition Parliament generally for a Bill, providing for the support of the medical charities, and that a sub-committee of Trustees, now present, and the Medical Officers of the Institution, be appointed to watch the details and progress of such a bill as ministers may introduce on this subject.

“PETITION.

“The petition of the Trustees of the North Infirmary of the city of Cork, humbly sheweth, that your petitioners are the Trustees and Governors administering for the North Infirmary of the city of Cork, incorporated by an Act passed in the reign of his Majesty George III.—That the North Cork Infirmary is the most ancient Provincial Hospital in Ireland, having been founded in the year 1719.—That the revenues by which the North Infirmary has heretofore been supported, have been derived from voluntary contributions, and Grand Jury Presentments.—That the operation of the newly-enacted Poor-law Bill for Ireland has not only materially diminished the amount of the private contributions, and obliged

your petitioners to limit the extent of relief; but your petitioners have every reason to know that when the poor rates come to be generally levied, the rate-payers will not any longer consent to the appropriation of the Grand Jury cess for the maintenance of the public institutions for relieving the destitute sick.—That your petitioners humbly submit to the consideration of your Honourable House, that a well organised, efficient administration of medical relief to the poorer classes, when afflicted with disease, and more especially in a country so frequently invaded by mortal epidemics as Ireland, is one of the most powerful means of checking the extension of pauperism, and thereby diminishing the number of destitute, who must otherwise claim the relief of the Workhouse.—Therefore, your petitioners earnestly pray that your Honourable House immediately pass into law a measure for providing for the support of the medical charities of Ireland, out of the rate to be levied under the Poor-law Act, subject to such regulations and administered in such a manner as the wisdom of parliament may determine.”

PROCEEDINGS OF THE APOTHECARIES' COMPANY,

The governor and company of apothecaries' hall have succeeded in obtaining penalties from James M'Millan, M.D., of Enniskillen, William Desprez, of Castleblaney, and Thomas Connor, of Newry. In the cases of Dr. M'Millan, and Mr. Desprez, one penalty, with costs, was accepted, the defendants each giving an engagement that they would not again violate the law.—*Saunders' News-Letter.*

ON THE PREVENTION OF TUBERCLES.

In a letter addressed to the Royal Academy of Medicine, M. Coster announces that, from certain experiments which he has made, he hopes to prove—

1. That it is possible, even in the face of predisposing causes, to prevent the development of the tubercular diathesis.
2. That even where the formation of tubercles has commenced, their progress may, in a great number of cases, be arrested.

The following are a few of the experiments upon which M. Coster has built up his hopes:—

Two years ago he placed a number of dogs, rabbits, &c., in the circumstances most favourable to the development of the scrofulous diathesis. Thus, many of the unfortunate animals were shut up in dungeons, without light, incapable of moving, and exposed to a moist cold by means of wet sponges which were hung up in the cages. Some of the animals placed in these conditions, were fed on their ordinary diet; others were fed with *ferruginous* bread, containing half an ounce of carbonate of iron to the pound. All the former became ill, the greater part tuberculous, but not one of those fed on bread containing iron presented a trace of tubercles.—*Bull. de l'Acad. Jan. 31, 1840.*

NEW METHOD OF FUMIGATING.

M. de Clerq has proposed a new method of practising medicinal fumigations, which is very extravagantly praised in a Belgian journal. This method consists first in washing the parts to be fumigated with a solution of nitrate of silver (10 grs. to the oz.), and then fumigating. The medicines which M. de Clerq most commonly employs for the fumigation of old ulcers, &c., are, one part of cinnabar, two of balsam of Tolu, and two of aloes. By degrees, as the fumigations are repeated, the parts become covered with a coating which resembles a metallic plate, which has the effect of protecting them from the action of the air, in addition to its intrinsic powers.—*Gazette Medicale de Paris, No. 5, 1840.*



## MEDICAL INTELLIGENCE.

HOUSE OF COMMONS.—TUESDAY, FEBRUARY 11.  
Mr. French presented a petition from the King's County, praying for medical reform.

THURSDAY, FEB. 13.

Mr. French gave notice that on Friday he would move for a return of the sums of money paid out of the Consolidated Fund to each of the anatomical inspectors in the years 1837, 1838, and 1839, distinguishing the amount paid for salary, and for expenses of office.

FRIDAY, FEBRUARY 14.

Foregoing return ordered.

## POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION.—On Wednesday, the 12th instant, Dr. James Duncan, was elected Physician; Mr. F. Kirkpatrick, Surgeon; and Mr. Brown, Apothecary, to the workhouse.

CORK UNION.—Dr. D. C. O'Connor was, on Monday the 10th instant, elected Physician to the Union Workhouse.

## PROMOTIONS.

CIVIL.—Dr. Richard Long has been appointed Quarantine Officer at the Port of Waterford.

NAVAL.—Surgeons, John Urquhart to the Thunderer, James Edwards to the Excellent.

## OBITUARY.

At his residence, Mount Crozier, Cove, on the 29th ult., Robert Wesley, Esq., one of the senior surgeons of the Royal Navy; he for years during the late war, filled the situation of Chief Medical Officer of the Naval establishment on the Irish station.

At Kilfinan, county Tipperary, in the prime of life, Nicholas Davin, Esq., M.D.

At Kilcock, James Colgan, Esq., M.D.

In Blackhall-street, Dublin, John Maguire, Esq., Apothecary for many years to the Netterville Dispensary.

At Milan, Signor Omodei, Editor of the Annali Universali di Medicina.

## REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	Feb. 9th,	42.5	32	29.450	.035
Monday	10th,	49	33.5	29.324	.175
Tuesday	11th,	46	36	29.636	.040
Wednesday	12th,	50.5	42	29.374	.140
Thursday	13th,	51	36	29.728	.007
Friday	14th,	45	31.5	29.914	
Saturday	15th,	50	38	29.560	.070

## TO THE MEDICAL PROFESSION.

MR. HERRON, National Medical Hall, 6, Lower Sackville-street, begs leave to inform the Profession, that he has imported a quantity of Cubebs Pepper, selected from the very best specimens in the London Market, and, therefore, can pledge himself for its purity. He continues to have it ground as it is ordered, which has been found to succeed so much better than keeping the drug prepared for use in the powdered state.\* By pursuing this method, the Volatile Oil is preserved, and the success of the remedy rendered certain.

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gery in the College.

### LECTURE X.—ULCERS—ULCERATION.

WHEN an abscess bursts, or is opened, an ulcer is the consequence, not that such previous collection is always, or, indeed, at all necessary; for if a superficial wound be inflicted, and its edges allowed to remain separated, or if a portion of the body is removed by accident or operation, an ulcer is equally produced; but the breaking of an abscess is a frequent idiopathic cause of the creation of an ulcer, and, therefore, I consider it legitimate to discuss the subject of ulceration immediately after that of abscess. An ulcer is a solution of continuity in, or a deficiency of, some portion of the soft parts, existing superficially, communicating with the atmospheric air, and secreting either that fluid which has been described under the name of pus, or some other, bearing more or less a resemblance to it. It is necessary to be precise in attaching a meaning to ulceration, for a considerable latitude of expression obtains in this respect, which might otherwise lead to some confusion—thus the erosion of cartilage from the articular surfaces of bone, and the absorption of bone itself have been termed ulcerations, but not properly: even when the diseased bone is in actual contact with matter, surrounded and bathed in pus, it is still but an abscess; but, when this makes its way to the surface, breaks, and exhibits the phenomena just enumerated, then, and then only, does it constitute an ulcer.

The subject of ulcers is, by no means, that plain and easy matter which any one might suppose from observing the scant attention paid to them by our young men at the hospitals, who often appear to con-

sider a sore leg as quite unworthy of more than a passing glance: but, I think, I will have occasion to shew you that as these affections are often extremely unmanageable, so are they proportionately important, and that the surgical treatment of them is, by no means, so simple as is generally imagined. Indeed, I consider the subject of ulceration and ulcers rather an obscure one, rendered so partly by the writings of men, who, wishing to bring themselves into practice, have insisted on the curability of every ulcer by some panacea of their own, and partly by the want of some clear and efficient arrangement, which would comprise every form of the disease without inflicting too great a burden on the memory. For instance, Bell's arrangement, if I remember rightly, is too voluminous: he divides ulcers, properly enough, in the first instance, into the local and constitutional; but, in his subdivisions, he constitutes every species a genus, and creates a catalogue rather than a classification. Thus, his local ulcers are, the simple purulent—the simple vitiated—the fungous—the callous—the carious—the cancerous, and the cutaneous. The constitutional are the venereal, the scorbutic, and the scrofulous; and yet, with this extensive enumeration, there are some important forms omitted.

Mr. (afterwards Sir Everard) Home conceived the idea of forming an arrangement founded, partly, on the nature and condition of the sore itself—partly, on the state of the structures in which the ulceration was situated—and, partly, on the general health of the patient, or, as it is otherwise expressed, on his constitution. This, at first sight, appears so reasonable, that we are disposed to accede to conclusions dependent on, or derived from, such premises: yet, of all writers on physiology or surgery, Home was the least likely to succeed in forming an intelligible arrangement on any subject. Educated in the school of John Hunter, he must have imbibed most of his professional ideas and modes of reasoning from him:



indeed, it is supposed, he subsequently borrowed very effectually, and produced some of his master's discoveries as his own. Be this as it may, in his arrangement of ulcers he fell into that error which has so spoiled the otherwise invaluable writings of Hunter, and has assumed that there are increases and diminutions of action, and indolence, and irritability of parts, without ever laying down the least explanation of the signification of these terms. Thus, according to him, ulcers may be divided into six classes, viz. :—

1. Ulcers in parts that have sufficient strength to carry on the actions necessary to their recovery.

2. Ulcers in parts that are too weak for this purpose.

3. Ulcers in parts whose actions are too violent to form healthy granulations, whether this arises from the state of the parts or the constitution.

4. Ulcers in parts whose actions are too indolent to form healthy granulations from either similar cause.

5. Ulcers in parts which have acquired some specific action, either from a diseased state of the parts or of the constitution.

6. Ulcers in parts which are prevented from healing by a varicose state of the superficial veins of the upper part of the limb.

Now, this arrangement, whether we coincide in it or not, is so generally received that it is necessary the student should be able to comprehend its probable meaning. It must be recollected that, on a former occasion, I pointed out, that in an organised living body, certain processes were always going forward, such as secretion, nutrition, &c., which are present in, or pervade every part, and may, if you choose, be termed the actions of the part, and that the regularity and rectitude of these constituted health. I also mentioned that when the organisation of a part became altered, injured, or impaired, so as no longer to be fit for carrying on these processes, then that a series of new functions was established, such as inflammation and its consequences, secretion of pus, absorption, and ulceration. Now, when the operation of these new functions is neither too active or too languid, but just equal to carry the whole into perfection, then the parts are said to have sufficient strength to carry on their actions. But if these vital processes are too active, then the parts are said to be too violent in their actions—if too languid, the parts are then too weak or too indolent, which, practically, mean the same thing. Further, any of these deviations may be the result of some imperfection or some want of accordance between the vital properties and the organization of the part, or of the entire body, and then this strength or weakness of actions is local or constitutional. Home's arrangements of ulcers has been more generally considered as embracing four orders or classes :—

1. The simple purulent or healthy ulcer—that in which the parts have sufficient strength to carry on the actions necessary to their recovery.

2. The irritable ulcer, that, in parts, whose actions are too violent.

3. The indolent ulcer, that, in parts, whose actions are too weak or too indolent, or where there are varicose veins, for that involves a languid condition of the venous circulation.

4. The specific ulcer, the name of which explains the difference between it and all others.

Ulceration obviously consists of two distinct processes, one destructive—namely, the removal of the substance or material which is no longer wanted, and which, if allowed to remain, might be prejudicial: the other restorative, or that which brings back the part as nearly as possible to its former healthy condition. The former of these is the work of the ab-

sorbent system, the activity of which is most observable in the formation of the ulcer, the latter of the secreting system which preponderates during the healing of the sore. The former may be imitated by art, as by cutting out a portion of a part—the latter may be assisted by art, but cannot be imitated,—it must be perfected by nature. Now, it is of little consequence how the ulcer is produced, whether in consequence of the part being cut, or being so far weakened and spoiled, that its removal, by the absorbents becomes necessary, the moment such removal is completed, the activity of the reparative process should become developed, and, if it does so, it is an healthy ulcer. But, if it does not, (and there are a thousand circumstances to impede, delay, or prevent this process towards health,) then the ulcer assumes some of those varieties or modifications of appearance that lead to the necessity of a classification. Most, if not all, of these circumstances are the results of a deranged or depraved constitution, and shew that the vital energy of the entire system is impoverished and impaired. Thus, it may be understood that an ulcer is described as being local when the constitution is so pure and good, that it does not seem to influence its healing—that is, it does not impede or prevent it. In reality, however, the constitution operates on its progress, as well as on the others, only in a different manner: and it is clear also that ulcers are said to be constitutional when some vice in the system exercises a malign influence on them to prevent or delay their healing.

The local, then, answers to the simple purulent ulcer of Bell, and the healthy ulcer of Home, and is seen wherever the sore, whether occasioned by accident or disease, pursues its course to recovery without stay or interruption.

The constitutional, of course, exhibit all the great varieties of ulcers; but, for the purposes of generalization, they may be reduced into two classes :—

One, in which the constitution, originally good, comes to be acted on by some irritation, and then reacts upon the sore, altering its condition, and imparting to it new characters—thus, we often see an ulcer doing well, and progressing favourably, suddenly checked, and made to assume an unhealthy appearance by some irregularity or intemperance, so that the aspect of the sore often tells of the debauch without rendering farther inquiry necessary. Again, we often see a similar effect from the injudicious use of mercury and other medicines: but a very remarkable instance is where we observe the sore itself to produce the constitutional derangement. Thus, after severe injuries, either where the wound is very extensive, or implicates structures not very highly organised, and incapable of any very powerful vital exertion, the long continuance of pain, the necessary confinement, and, perhaps, the profuse discharge, weary and wear down the patient, and produce that state of the system, already described, as hectic fever. In such an ulcer there is no appearance of energy—the granulations are large, and pale, and flabby—and the discharge unceasing—it makes no progress towards healing, but remains stationary until the patient sinks under the destroying influence of the fever.

The second, is where the constitution, bad from the beginning, exercises an unfavourable influence on the sore, from the commencement, during its progress, and to the end. In very many cases it is not easy to discover what the peculiarity of system may be, or why a similar injury inflicted on two individuals, apparently enjoying good health, should, in one, take an undeviatingly healthy course, and, in the other, degenerate into a foul, spreading, unmanageable, and often destructive ulcer. But, in most instances, the cause and its effects are sufficiently obvious; and



when we see the red and angry features of the confirmed whiskey-drinker—the swollen countenance of the glutton—or the shrunk and haggard face of the miserable manufacturer, we almost know, before they are exposed, the characters of the ulcers which any of these classes seek relief from.

Besides these, there is a very numerous class of ulcers termed specific, all of which, however, apparently local, require constitutional treatment, and of the nature of which it is necessary the student should possess a correct notion, although it is exceedingly difficult to define the meaning of the term. When we see ulcers presenting the same appearances in all individuals affected with a particular disease, yet that these appearances are different from the common forms of ulceration, we say that such ulcers possess specific characters: when we find that the ordinary modes of treatment are insufficient to remove them, we speak of their specific treatment. A specific disease is, therefore, a compound one, composed of that which would, under ordinary circumstances, appear in the part or structure engaged, and of that which is inherent in itself and peculiar to its own nature. Thus, a venereal sore derives some of its characters from the structure in which it happens to be formed, and others, from the poison from which it is derived. A scrofulous ulcer exhibits its own individual characters, and, in like manner, a mercurial one; and it will, in this place, be sufficient to state, in order to shew the compound nature of these sores, that when the specific taint has been removed, they follow the same course, and heal as easily as the simple ulcer, situated in the same place, would do. When this specific taint cannot be removed, as in cancer, fungus hæmatodes, &c., the sore cannot become a simple one, it, therefore, never heals, and the ulcer is termed malignant.

But, as if to prove the impossibility of subjecting the operations of disease to the strict limits of classification, we find there are still some ulcers that cannot be included within any of the above; perhaps, they derive their peculiarities from something connected with structure, situation, or the general health of the patient; but we are totally unable to trace the connexion. Such are the herpetic ulcerations, the name of which is derived from the manner in which they spread and increase, and which we so often see to follow on ill-conducted courses of mercury. Such also, the lupus or *noli me tangere*, which appears to derive some of its characters from its situation, as it seems to be almost peculiar to the nose and its immediate neighbourhood. Some ulcerations, occupying the situation of the toe-nails, have also very peculiar characters; but enough has been stated to shew that, occasionally, we must be prepared to meet with different sores that cannot be comprehended within any known system of arrangement. Thus, ulcers (if they can be classed at all,) fall under four heads or genera:—

First.—The local, simple, purulent, or healthy ulcer.

Second.—The constitutional, embracing, at least, three species, those known, heretofore, as the indolent, and irritable, and the malignant.

Third.—The specific: and—

Fourth.—The peculiar, or those which, although having proper individual characters appertaining to them, cannot be admitted within any of the other classes.

The simple local ulcer, as its name would imply, takes a good deal of its characters from the structure in which it is situated; for, as inflammation is modified by peculiarity of structure, so will its different consequences also, and, among the rest, ulceration. As it is seen most frequently on the superficial parts

of the body, interesting the skin and cellular tissue, I shall describe it as occupying some such situation. When formed, its cavity is filled, or nearly filled, by a red fleshy substance, consisting of a number of small points of a conical shape, termed granulations, which are again covered by a thin pellicle of lymph, like a membrane, which can be detached and removed, and which furnishes the secretion of a moderate quantity of pus, exhibiting qualities such as have been described, as belonging to healthy or laudable pus. As the characters of ulcers have been principally derived from the appearance of these granulations, it will be necessary to dwell on them a little more particularly, and to point out their different properties. The obvious or sensible qualities of the granulations of a healing sore are—that they are numerous and small, of a conical shape, and of a bright red colour resembling that of arterial blood, they are covered with the before-mentioned pellicle, and are not irritable or painful, neither do they bleed on trifling causes. Their qualities of organization are—that they are vascular, each granulation containing an artery and vein, or, more probably, an artery and two veins. This vascularity admits of easy proof, from the colour of the granulations, and from the circumstance of their assuming a deeper and more purple colour whenever the venous circulation is obstructed, they become remarkably pale after death. They possess absorbents too, as may be easily inferred from their taking up substances applied to the surface of the sore: in this manner, arsenic, corrosive sublimate, and other deleterious matters, incautiously applied to an ulcer, have been introduced into the system, and brought the patient's life into imminent peril. Some ulcers appear to possess these absorbent powers in great activity—in others, it is scarcely exercised—nor can we exactly say, from appearances, what sore may thus present an actively-absorbing surface. They possess nerves also, as is inferred from their sensibility, and thus are they fully organized; but, perhaps, as we shall see hereafter, these qualities of organization do not exist within them in a state of complete perfection.

The vital properties of granulations are evidenced by the functions they perform. They secrete most actively—indeed the chief characteristic of a healing sore is—that it is a secreting surface. From this source come the pus which is so constantly pouring out, and the coagulating lymph: and there is some reason to believe that the skin is a secretion also. In general, we find an ulcer gradually to contract in size, and to heal, from the circumference, pretty equally all round, a circumstance that arises from a contractile force existing in the granulations, and, apparently, also from an extensibility of the adjacent skin which permits it thus to be drawn in over the healing surface. But there are better reasons for considering the new skin as being the product of secretion:—

First.—The skin of the cicatrix does not, either in colour or in structure, resemble the original investment of the body.

Secondly.—It is sometimes formed most rapidly under circumstances that are least favourable to the idea of an extension of the surrounding skin.

Thirdly.—We often meet with spots of skin formed in the middle of large ulcers, without any connexion with the adjacent sound parts, a circumstance that could not take place if the new skin could only be formed by an extension of the old.

Lastly.—It is believed that granulations possess, within themselves, a contractile power, because the cicatrix, after the healing of an ulcer, is always found to be much smaller than the original breach of continuity.



It may be a question—do these qualities, or does the exercise of them remain after the process of cicatrization is completed, and after the ulcer has apparently healed? It has been supposed that they do, and that, in fact, the process of healing is not finally concluded when it is so in appearance, and this is for the following reasons:—

At first, the newly-formed cicatrix is not infrequently fuller and more elevated than the adjacent parts—it is always more red and vascular; but, after a space, the cicatrix becomes smaller in circumference, much paler, and subsides to the level of the surrounding skin, or even below it.

Again—it is found that in many ulcers, but particularly those which result from burns or scalds, contractions of the limbs, and deformities of the joints, occur at a very remote period after cicatrization—a circumstance which would go to prove that, at least, the contractile power of the granulations remained for a considerable length of time. I will not oppose this doctrine, or say that this contractility does not remain; but, I believe, that in this instance, as in many others, we attribute too much to the operation of one function, and overlook others of equal importance.

We find that, even although the surface of a sore is large, and its granulations high, the cicatrix, when the process is completed, becomes depressed; if situated over a bone, it becomes fixed and attached to it, and forms what is termed a set off. When the ulcer (as in the case already employed for illustration—that of burns,) has been very extensive, the limb is always much smaller in diameter, wasted, and attenuated. When the diseased cicatrix is dissected out, an operation which is often performed in the hope of removing these contractions, nothing is found between it and the subjacent muscles and tendons. From these facts I am disposed to attribute very little to the vital contractility of granulations, and believe, that having performed their office in the economy pending the healing of the sore, they are, in a great measure, if not entirely, removed by the absorbents. It was remarked by Hunter that the vitality of newly-formed parts was never equal to that of the original ones; and if that observation be true, which it probably is, such parts are in a most favourable condition to become the subjects of absorption. Before a sore is healed, this debility is often exemplified in a most striking manner, and, frequently, an entire granulating surface is swept away in a few hours, in consequence of some irregularity—some act of intemperance, or other (perhaps accidental,) circumstance having a tendency to debilitate either the part or the system. Nay, this debility of newly-formed parts exists during the life of the individual, and is sometimes exemplified at a very remote period—it was found by Anson that, in his sailors who were attacked by sea scurvy, the union of bones, formerly fractured, gave way, and the cicatrices of old ulcers, that had been healed for many years, were opened again afresh.

It has been supposed that granulations are formed in, or from the cellular tissue, that pervades the different structures or organs, and that the newly-formed parts bear a striking resemblance to the old. It is impossible to say in which structure the minute vessels are situated which pour out lymph and pus, and build up granulations, for all these are vital processes, and though performed under our eyes, are still hidden from our comprehension; but we can see in their results that the products of granulations are not cellular, and that they do not resemble the parts in which they are formed, but, on the contrary, the newly-formed parts are different from, and, generally speaking, more solid than the original. The new bone, for

instance, formed by granulation, is thicker, more clumsy, discoloured, and wants the medullary cavity. Muscle, when divided, is united by a new material, not resembling muscular fibre in any particular: nerves, in like manner, and it will be seen hereafter that newly-formed skin, differs from the old in many important respects.

Hitherto I have been directing my attention to the simple local ulcer. I now pass to the next in the order of our arrangement—the constitutional, embracing the irritable and indolent.

An irritable ulcer is supposed to be that which occurs when the “actions of the parts are too violent to form healthy granulations;” in short, that is a consequence of over-excitement, which may be either local or constitutional. It may have been apprehended from the preceding part of this lecture that I did not entirely coincide in Home's views on the subject of ulcers, and this is one of the points in which I differ most materially from him. Uninformed as I am as to the arcana of vital actions—ignorant of the secret processes that are going on within us, either in health or in disease—and obliged to assume names instead of ideas, in order to display even an appearance of science, still it is difficult to attribute the process of rapid, and destructive, and painful ulceration to a violence of action, a term which, of necessity, would imply strength. Already we have seen that an ulcer is formed by one species of absorption, the progressive, and that the very circumstance which exposed a part to the operation of these vessels, was its being so far weakened as to render it unfit for, or incapable of performing its portion in the working of the general system: and now, are we to say that the most rapid and fearful destruction of any structure can be an evidence of strength, or action, or excitement within it? I have ever, although I have hesitated in pronouncing a decided opinion, been disposed to consider inflammation as consisting chiefly in a debility or depression of vital energy within a part. I regard ulceration, which is a consequence of inflammation, as a proof of the part being so far weakened, that is necessary the absorbents should remove it; and I cannot bring my reason to understand why one ulceration should be the result of weakness and another of strength. Moreover, it may be remarked that the persons in whom irritable ulcers occur, are (generally speaking) the weakly and wretched creatures who, badly fed and clothed, seek a relief from their misery in intoxication, and thus spend their lives between starvation and excess.

An irritable ulcer usually presents an uneven surface, elevated in some parts—in others depressed: in some places exhibiting numerous and small granulations—in others, large and soft, and flabby—in others still, perfectly plain and glassy. Sometimes there are partial sloughs, and clots of blood, for it bleeds frequently, and on light occasions. Its colour is of a dirty brown, or ashy tint: its edges are uneven, as if nibbled by a mouse—undermined and inverted. The discharge is thin, glairy, sanious, or bloody, generally in small quantity, and so glutinous that the dressings adhere to the sore. The edge of the ulcer is surrounded by a fiery blush of inflammation, and occasionally there is oedema. It spreads, partly by sloughing, and partly by ulceration; and is capricious in its progress, sometimes carrying off a vast quantity in the space of a single night—sometimes remaining in the same condition for days. It is horribly painful, more particularly whilst any sloughing process is going forward, and, withal, is less under the control of surgical treatment than any, unless those which are considered to be malignant. There is a form of ulcer, which, from the manner and rapidity of its spreading, has been termed phagedenic. This, though strongly



resembling the one I have been describing, is not identical with it; for as there are many ulcers irritable and painful that do not spread very rapidly, so are there some which, although phagedenic, afford no striking evidence of irritation or of pain: strictly, therefore, they differ from each other, yet, speaking generally, the two forms of ulcer have so many points in common, that for every useful purpose they may be placed under the same arrangement.

The indolent ulcer is that which most frequently presents itself at our different hospitals, and is so common that a detailed description of it would almost seem to be unnecessary; yet are there some varieties even in the common indolent ulcer which can only be recognised by the experienced eye, and a knowledge of which will amply repay any study that may be expended on this much-neglected department of surgery. It is most frequently seen on the leg, and this situation is made to account for its obstinacy, its difficulty of healing, and its proneness to return. The general characters of the indolent ulcer are, that its edges are smooth, slightly elevated, hard, and of a white or pearl colour, almost resembling cartilage: its surface below the level of the surrounding parts, smooth, even devoid of granulation, and covered by a membrane or pellicle, that gives it a glassy appearance. Its colour is of a pale red. The discharge is thin, but in small quantities, and is not glutinous. The pain is trifling, and patients go about their ordinary avocations without much suffering. The size is very variable. The sore that appears on the leg of a person addicted to drinking whiskey is generally very large, is more irregular on its surface and at its edges, and sometimes goes so deep as to interest the bones, when it forms the carious ulcer of Bell, and is but too frequently incurable; whilst that which proceeds from or in connexion with varicose veins, is very small, and exhibits features peculiar to itself. Almost all the ulcers of the legs are more or less indolent; but when first brought to hospital they do not answer the above description, but are what has been called (perhaps erroneously) the indolent ulcer in a state of inflammation. The sore is then extremely painful; is covered with a dirty irregular slough, or with dark, purplish, flabby granulations, and for a considerable extent around its edges there is a deep dark, blush of erysipelatous inflammation.

Whilst professing to give you a general idea of ulcers, my observations would be very imperfect if I did not direct your attention to one which has been almost an opprobrium chirurgiæ—which exists in connexion with a varicose condition of the veins of the leg, and has thence been termed the varicose ulcer. It is not my intention now to enter into a description of the pathology of varix, the circumstances that lead to the production of that disease, or the change of structure that ensues within the vessels: all this will be better and more advantageously described in that part of the course which will embrace the diseases of the arteries and veins. Suffice it, that every one, even the youngest among you, must have seen persons on whose legs the veins appeared to be more numerous and more prominent than they ought naturally to be—blue as to colour, hard, knotted, and twisted to the feel, and almost seeming like irregular dark cords of different sizes, under the surface of the skin. These veins are termed varicose, and they are generally accompanied by ulcers of a very peculiar character. The varicose ulcer is situated rather towards the inside of the leg, above the internal ankle—more rarely on the back of the leg, over the tendo-achillis, on the spot corresponding to the junction of this tendon with its muscle, where it is more irritable and painful: its size is small, seldom exceeding that of a shilling; its shape circular or

oval; the edge is raised, white, callous, and almost insensible: the surface is depressed, hollowed, and as if scooped out, quite smooth, dark-coloured, and covered with a glassy pellicle: it is not very painful, and seldom bleeds, but when it does, the hæmorrhage is very profuse. Occasionally this ulcer seems to occur almost spontaneously, in consequence of a pimple being scratched: sometimes from the gibbing or knocking together of the ankles in awkward walking, and sometimes from the bursting of one of the veins. In this latter case the vessel opens by an aperture not larger than that which would be made by the point of a pin, and the blood nevertheless flows forth with considerable violence in a small thread-like stream, which is thrown to a great distance. In this manner a vast quantity may be lost, and I have seen a room flooded with blood from an aperture not larger than could be made with a common needle.

You already understand that specific ulcers, taking their characteristic features from the diseases to which they appertain, cannot be described independently of them—we must therefore postpone any remarks upon them.

Ulcers which possess peculiar features are (generally speaking,) extremely unmanageable, and therefore most important, and yet they can have no place in the cursory description I am now attempting to give you. In the great majority of instances we are totally ignorant of their pathology, that is, we know not the reason why a solution of continuity should assume this particular character in one individual or in one situation and not in all; but, even if we did possess satisfactory information in this respect, these affections are too numerous to permit of more than a slight notice here. In some cases ulcers seem to derive their peculiarity of aspect from some condition of the constitution, as in the different forms of herpes: in others situation and probably structure seem to have some powerful influence as in the onychia maligna which attacks the toes, the lupus or noli me tangere of the nose, and I am not certain that the sluggish ulceration of the eyelids as described by Dr. Jacob, should not come within the same class: in others still the exciting or producing cause of the ulcer evidently determines many of its characters, particularly its appearance and its progress: the unhealthy state of the granulations in burns and the tediousness of their cure are sufficiently well known, and perhaps the ulcerated chilblain which is proverbially unmanageable is influenced by a similar cause. Some of these peculiar ulcers must of necessity attract attention in subsequent parts of the course, but they cannot all do so, neither is it very desirable that they should. The particular characters of an ulcer in order to be understood and recognised with facility afterwards, must be seen and carefully examined: no description however laboured or indeed however accurate, can convey the idea that it is to be derived from sense alone, and therefore my exertions here and your attendance will be equally fertile, unless you avail yourselves of the opportunities offered in such numbers by the hospitals and dispensaries. When an ulcer has been pointed out to you and carefully examined, an impression is produced on the mind that it is impossible to convey by words: description and delineation may be extremely useful in recalling such an impression afterwards, but must be totally valueless in creating the first or original idea.

Such is a slight outline of ulcers and ulceration, I pass now to the final step of the process in the healing or cicatrization of the sore. Of whatever kind or nature, an ulcer when it is about to heal or (as it is termed,) assumes a healthy appearance, it approaches the characters already laid down as appertaining to the simple local ulcer. The granulations



come to a level with the surrounding skin, the discharge is small in quantity and healthy in quality, but above all, around the edges there is a white transparent pellicle, which day after day encroaches on the sore and diminishes its size, until it seems to cover it completely. This is the new skin and the successive formations of it constitute the process of cicatrization. I have already mentioned that this new material is, at least under some circumstances, a secretion from the granulations, but the generally-received opinion is that in the ordinary forms of healthy ulcers it is a production or prolongation of the old skin as indeed at the edges of the sore it appears to be, and if so, it can be easily explained why the ulcer, the edges of which are undetermined and ragged, or one in which the granulations are exuberant and raised above the surface cannot heal. In either case the process of elongation must be mechanically interfered with. In whatever manner the cicatrix is produced, and probably it is partly a secretion and partly an elongation, when formed it differs materially from the original skin.

At first it is more red and vascular and generally more prominent and elevated than the adjacent surface: after some time it becomes far more pale, and white, and is depressed. It is never as transparent as the original skin, and it is said that the rete mucosum is not re-secreted, hence the cicatrices in blacks, after ulcers or repeated blisters, are said to be of a dirty white or grey colour. The tessellated appearance of the skin is never restored and it is doubtful whether the cicatrix is able to perform all the functions, for which skin was originally designed. I am acquainted with a gentleman who was extensively scalded in the right thigh and leg, and he states that he never experiences the slightest tendency to perspiration in that extremity. It is curious that the causes that have produced, or that have connexion with the original production of the sore, influence the conformation of the cicatrix. The simple local ulcer, or that which by judicious treatment has become so, forms the cicatrix such as I have described, but every one knows that the scar after a burn or scald is vastly different: that it is uneven, puckered, and contracted and often remains discoloured for years or even for life—that the scar after a scrofulous sore is elevated in one part, depressed in another, twisted like a knot, and otherwise unseemly in appearance—and that a sore caused by the inoculation of a morbid poison always heals by a hollow depressed cicatrix, indicating that a loss of substance has taken place underneath.

never had rheumatism—makes little or no complaint of pain—suffers most from dyspnœa and cough, accompanied by difficulty in expectoration, and inability to lie down—her face is expressive of considerable anxiety.

Percussion gives a dull sound over a considerable space in the cardiac region—the dullness does not ascend high, and is most perceptible on a line below the fourth rib on the left side, extending over the sternum in front—says that percussion in this part gives her pain.

The impulse of the heart is very much increased, being heaving and prolonged, with a kind of tremor perceptible to the hand, not amounting, however, to *fremissement cataire*—*bruit de soufflet* accompanies both sounds—with the first sound it is loudest near the apex of the heart—with the second near top of sternum, towards left side—no attrition murmur perceptible on a careful examination—pulse quick and jerking.

She died on the morning of the fourth day after admission.

*Examination eight hours after death.*—Heart considerably larger than natural—pericardium thickened, and nearly universally adherent to heart by means of a layer of lymph, but capable of being separated without much difficulty—hypertrophy and dilatation of left ventricle—mitral valve rigid and edged with small granulations, which prevent it from completely closing the orifice—semilunar valves of aorta also rigid and incapable of closing the aperture completely.

Both surfaces of pleura of both lungs universally adherent from apex to base, posteriorly and anteriorly—adhesions recent and capable of being easily separated by the hand.

Both lungs hepatized from base nearly up to apex.

Mucous membrane of bronchial tubes injected and filled with a frothy sanguinolent fluid.

No fluid in pericardium or pleura—about half a pint of fluid in pelvic portion of cavity of peritoneum mixed with flakes of coagulable lymph.

I have brought this preparation before the Surgical Society, as the case is interesting in several points of view. It shews the result of inflammation of the pericardium when left to itself, and proves that complete adhesion of the layers of the pericardium may take place in eight days from the commencement of the attack, for I examined the region of the heart most carefully on her admission, and there were no attrition murmurs. There is no doubt if the pericarditis and endocarditis had not been complicated, she would have recovered, even without treatment; but with the pericardium adherent to the heart, and valvular disease admitting of regurgitation in semilunar valves of aorta and mitral valve, which eventually (but, perhaps, at a distant period,) would have been followed by dropsy and death.

Another circumstance for which this case is remarkable was the simultaneous occurrence of bronchitis, double pleuritis, double pneumonia, and partial peritonitis, with pericarditis, and endocarditis, all produced by the same cause.

On both sides, the two layers of pleura were universally adherent, and that the adhesions were recent, was proved by their easily giving way under the hand, and yet she said she had suffered hardly any pain.

Both lungs, were, in addition, hepatized nearly throughout—indeed so high did it extend, that, on her admission, the dullness on percussion, and the bronchial respiration under the right clavicle gave rise to the suspicion of tubercles in that situation.

It was only the day of her admission that an examination could be made, as she soon became so much

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

JANUARY 31, 1840.

The President of the College in the chair.

Dr. BELLINGHAM exhibited to the Society the heart and pericardium of a young female who had died recently under his care, and read the following notes of her case:—

ROSE BRANNAN, aged 15, admitted into St. Vincent's Hospital, January 16, 1840, labouring under considerable dyspnœa, with palpitation, and exceedingly strong action of the heart, and loud *bruit de soufflet* with both sounds.

She stated that her present illness commenced eight days before, caused by putting on wet clothes; and she had not undergone any treatment. Says she had been liable to palpitation and short breathing for about a year previous to the present attack; but she had not suffered much inconvenience from it—she



worse, that it was almost impossible even to apply the stethoscope to any part of the chest.

Dr. BENSON said that in cases of pleuritis and peritonitis, we know that effusion of lymph takes place in a few hours. Might not the same thing occur in pericarditis; and, under such circumstances, why might not adhesion of the pericardium take place even in less than eight days?

Dr. BELLINGHAM said that usually the first effect of inflammation of the pericardium was effusion of serum. This must be absorbed before adhesion can take place. The girl came in, eight days after the commencement of her illness, and at that time adhesion appeared to have been established, for no friction-murmur could be recognised.

Mr. PORTER said he regretted he had not been able to complete the case he was about to submit to the society, by adding the results obtained from a post-mortem inspection; at the same time, perhaps, this might be considered a good reason why he should submit it to men of greater experience, in order that he might obtain the benefit of their opinions. The case was a rare one, might never occur again in his practice, and therefore he wished to submit his conjectures to others, in the hope that they would complete what he claimed the merit only of having begun. In considering the disease of aneurism, it was probably taking a new view of the matter to suppose that a particular locality can so far interfere with our curative means, that an operation which is generally followed by success shall, in one particular part, be liable to fail so frequently. The situation to which he alluded was that of aneurism of the internal carotid artery in the neck. The reason which induced him to form this opinion he would state briefly. Previously, however, to this, it would be necessary to allude to the mode in which the usual operation for the relief of aneurism effects its purpose. It is well known that the effect of a ligature is to cut off the impulse conveyed to the aneurismal sac from the heart, and thus favour the formation of a coagulum. Blood still flows into the sac by the collateral channels, but this does not interfere with the curative process. It would be unnecessary for him to allude to the doctrine of Scarpa on this subject, as all were familiar with it. If this was the proper view of the mode of treating aneurism, it followed that anything which prevented the coagulation of the blood, or, allowing it to coagulate, which prevented that blood from pressing on the vessel, or permitted it to press in another direction, would interfere with, if it did not wholly prevent, the cure. These were the principles which he would beg leave to lay down in limine. Some persons present would perhaps recollect that on a former occasion he had laid before the society a brief outline of a case of aneurism of the internal carotid, in which he had been teased for several weeks after the operation, by a return of pulsation in the sac, but which ultimately got well. The woman lived seven years afterwards, and died in the Meath Hospital. Shortly before death she made her will, and bequeathed to Mr. Porter her body. On dissection it was found that the phenomena of returned pulsation, which delayed the cure, and even brought her life into danger, were to be explained by the occurrence of anastomosis through the vessels of the brain alone. It was proved that the connection between the arteries of the brain, and the sac, even in the normal state, was not only sufficient to keep the internal carotid full of blood, but also to convey to it the impression received from the heart. In this case, the vessels were in the normal state. The dissection was made by Dr. Hart, and the preparation is still in the museum at Park-street. Having premised so much, Mr. Porter said he would state

briefly the case to which he had referred. The patient was a man named Markey, who had been admitted into the Meath Hospital on the 19th of September, with aneurism of the internal carotid. The external tumour was of considerable size, and seated lower in the neck than the natural position of the vessel would lead one to suppose. Inside the mouth, the appearance of the tumour was truly alarming; it pulsated with great force, and the walls of the sac felt so thin, that it seemed ready every moment to burst into the cavity of the mouth. The man stated that five weeks previously he had first observed in the neck a small hard tumour, without pain or pulsation. About three weeks before admission it became troublesome, and about seven days ago, while at his work, he was attacked with severe pain in the tumour, darting towards the forehead and vertex. He was subsequently attacked with sense of constriction about the throat, and hoarseness, and in this state applied for relief. The operation was performed on the 22d, three days after admission. After having made the requisite incisions, and division of the fasciæ, Mr. Porter opened the sheath of the vessels, and applied a ligature to the common carotid. No inconvenience was caused by the jugular vein, and the patient bore the operation well, and walked up stairs without assistance. The phenomena which usually occur on the application of a ligature, occurred in this instance. The tumour diminished in size, ceased to pulsate, and the patient was relieved from pain. Mr. Porter stated, however, from his experience of former cases, that pulsation of the tumour would return, and that there would be, in all probability, suppuration of the aneurismal sac. Pulsation, however, did not return, at least in any appreciable degree. Sir P. Crampton said he felt a pulsatile thrill in the tumour, and Mr. Porter thought he observed it himself, but never distinctly, or in a satisfactory manner. At the end of a fortnight the ligature came away, and everything seemed to be going on well. About the fifth week after the vessel was tied, the sac began to inflame; the parts became swollen and painful, had a distinct sense of fluctuation, and the superincumbent skin appeared red and discoloured. Mr. Porter made an incision into it, and gave exit to a considerable quantity of pus, mixed with foul, fluid blood, without a particle of coagulum. Having evacuated all this, the opening was carefully closed and bandaged, and everything appeared to be going on very well for three or four days, when, one morning, about three o'clock, a messenger came to say that the man was bleeding to death. On arriving at the hospital, he found the patient's bed deluged with blood. He succeeded in arresting the flow of blood with some difficulty, but next day it burst out again. The wound was then stuffed with lint, and ligatures applied; but as soon as they began to loosen, the blood burst out afresh. Mr. Porter then requested the assistance of Mr. Collis, and, determined to secure the vessel, cleared out the clots with his finger, and in return, received a frightful gush of blood. He got two or three of his fingers into the sac, but found that even in this way the flow of blood could not be arrested. He was obliged to return to the use of the sponge again, and to endeavour to stop the hæmorrhage in the best way he could. With such a vessel bleeding, and such imperfect means of stopping it, little could be expected; the man died, after lingering some weeks in a very low state. As permission to examine the body was refused, the only thing left was to speculate as to the cause of the unfavourable termination, and this, he conceived, was brought about by hæmorrhage from the opening from which the aneurism had originally sprung, the operation having failed in producing obliteration. This supposition was not un-



reasonable, and was founded on the result of a similar case published by Mr. Green, in the *Medico-Chirurgical Journal* for 1832. Mr. Porter said he regretted that the case he had brought forward was so far imperfect that he could only guess at the morbid results. Aneurisms of this kind were unfavourably circumstanced. The application of a ligature does not cut off the impulse of the heart, which is still conveyed to the sac by the arteries of the brain, delaying, if it does not altogether prevent coagulation. When a ligature is placed on the artery of a limb, the pressure of the different structures in the vicinity of the sac tend to promote its obliteration. But with respect to the internal carotid the case is different: it is not protected in the direction of the pharynx. Internally, the artery has nothing but the mucous membrane and weak muscular coat of the pharynx to protect it, and hence it is that the aneurismal sac grows in this direction. In proof of this, Mr. Porter mentioned the case of a young girl who had an aneurism at the angle of the jaw, caused by a stab from a scissors, received several years before. In this instance the tumour grew inwardly, and the pulsation could be felt much more distinctly in the cavity of the mouth than externally. One of the most curious circumstances connected with the history of aneurisms, was the very imperfect coagulation of the blood observed in so many instances. Mr. Porter said he thought it would be a curious and interesting subject of enquiry to ascertain what impedes or prevents the coagulation of the blood in such cases; as to the fact itself, it was sufficiently well known. In a case of aortic aneurism, which occurred some time since at the Meath Hospital, the tumour burst, and the man died with a single gush of blood; and yet, although the disease had lasted for months, there was not a single particle of coagulum in the sac.

Mr. HARRISON did not think cases of aneurism of the internal carotid so very unfavourable. He had seen two cases himself, and both had succeeded. If the impulse received from the cerebral circulation was the cause of failure, there was no reason why the very same cause should not prevent the success of a ligature applied for the cure of aneurism of the common carotid. He looked upon the fact of the aneurism being diffused, rather than anything connected with the cerebral circulation, as the principal cause of failure.

Mr. PORTER said that what he wished to direct attention to was the fact of aneurism of the internal carotid, making such a remarkable appearance in the cavity of the mouth, shewing that the tumour had more scope for its growth in that situation. With regard to the impulse derived from the cerebral circulation, he did not deny that it might affect the common carotid, but he was sure it could not have anything like so great an effect; and he thought an aneurism of the common carotid, not having the same space for its development, was more favourably circumstanced for the coagulation of its contents. He did not think the operation of applying a ligature to the carotid an objectionable one, but he was still disposed to think that an aneurism of the internal carotid, high up, and leaning against the pharynx, in the direction of which the tumour can extend with facility, is unfavourably circumstanced, and cannot be classed with aneurisms of the internal and common carotid. Still he was not wholly opposed to an operation; and, indeed, if he met with a similar case, he would try the ligature again, but with less hope of success.

Dr. HOUSRON said he wished to say a few words on a point alluded to by Mr. Harrison. According to his views there would be no more danger of recurrence of the circulation and secondary hæmorrhage in a case of aneurism of the common carotid, than in

aneurism of the internal carotid. He differed from Mr. Harrison in this point, and did not consider that the two vessels were similarly circumstanced. The blood which returns by the circle of Willis, flows at once into a sac formed on the internal carotid, but if the aneurism be low down on the common carotid, it will in a great measure, pass through the mouths of the anastomosing vessels, and be diverted to the supply and maintenance of the soft parts of the neck. It is well known that it is not the force of the heart alone that propels the blood into the anastomosing vessels, and it would be easy to conceive that blood returning from the brain to the sac of an aneurism low down in the neck, would be diverted into other streams. On the whole, taking a physiological view of the case, he thought there was a great difference in the two cases alluded to.

Mr. M'COY said it was a question whether in cases in which a coagulum did not form, it would be justifiable to perform a second operation. A case had occurred to him some time ago, which was deserving of notice. A revenue officer of intemperate habits, was attacked with weakness in the knee, without any premonitory symptoms, and soon afterwards discovered a tumour in the ham. Some time subsequent to this, on going up a ship's side he felt something give way in the ham, and on examination, it was found that a diffused aneurism had formed. Dr. Duggan and Mr. Adams saw him in consultation, and it was deemed advisable to perform amputation. On dissection there was very little coagulum found in the sac, but there was a great deal of imperfectly coagulated blood in the surrounding cellular tissue. There was one fact connected with the case, which was worthy of attention. About five months afterwards, a pulsating tumour, evidently of an aneurismal nature, appeared in the groin. Mr. Todd had about this period invented an aneurismal truss, and Mr. M'COY borrowed it and applied it. The man continued his drunken habits, but notwithstanding this, in the course of three weeks, the pulsation had not only ceased, but the tumour was evidently diminished, and the case ultimately terminated well.

Mr. PORTER said that in the case he had detailed it was impossible to say whether the aneurism was true or false. In the circumscribed aneurism, the pulsation is strong, but when the sac is broken the pulsation becomes so weak as to be only a pulsatile thrill. In this case the pulsation was very strong, and this would go to prove that the blood was within the sac and not diffused. In speaking of the influence of the cerebral circulation in restoring the pulsation and retarding the cure of an aneurism of the internal carotid, he had proved by cases and dissections, that it is capable of producing such effects, and with respect to the situation of the vessel, he was still of opinion that the absence of a proper degree of pressure on the vessel internally, was one of the causes which tended to render an operation unsuccessful. As to the fluid state of the blood, he thought it was in most cases connected with some peculiarity of constitution, a knowledge of which would be of the utmost importance to persons about to undertake the operation for aneurism.

Mr. SMITH asked if in the case of which Mr. Porter had a dissection there was an external tumour in the neck.

Mr. PORTER said there was; and exhibited a drawing of it.

Mr. SMITH said that the reason of his asking the question was, that he had witnessed a case of aneurism of the internal carotid, in which there was no external tumour. A man was admitted into the Richmond Hospital, with a tumour projecting into the mouth close to the tonsil. Several persons saw the



case, and the majority were of opinion that it was an ordinary abscess. Mr. Adams was the only person who looked on it as an aneurismal tumour. It was punctured, and a quantity of pus mixed with blood was evacuated. A few days afterwards the sac burst, and the man died of a sudden gush of blood. Mr. Smith examined the body, and found that the tumour was caused by an aneurism of the internal carotid.

Dr. CORRIGAN said that Mr. Porter had stated, that when the blood contained in an aneurismal sac became diffused into the surrounding cellular tissue, the pulsation diminished to a mere thrill. From this opinion he begged leave to dissent. Where the sac bursts the pulsation will be diffused over a greater extent, and will become greater to the same amount; in fact the impulse will be in proportion as the area of the new sac exceeds the diameter of the vessel. As to the fact, he could mention a case of aneurism of the abdominal aorta, in which there was no pulsation as long as the blood was confined to the sac, but when rupture took place, and the blood became effused into the muscles of the loins and abdomen, the impulse was frightful.

Mr. MCCOR said that Dr. Corrigan was entirely wrong in the physical explanation of the fact. He begged to assure him, that the force of pulsation in the case of diffused aneurism was in the inverse rather than the direct ratio of the area of the sac, and as to the case to which Dr. Corrigan alluded, it proved too much.

Mr. PORTER said that he thought it was better not to attempt to solve vital problems by mechanical illustrations. If the blood was fluid and the walls of the sac thin, the pulsation would be strong, and *vice versa*.

Meeting adjourned.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### CASE OF PROTRACTED LABOUR.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—If you deem the annexed case of sufficient interest, please insert it in your valuable Journal, and oblige yours,

T. PUREFOY, M.D.

Cloughjordan.

A. M., aged about 40, first labour, a tradesman's wife, of low stature, strongly made, active and laborious habits—visited upon the 16th December, 1839—two days previously, felt irregular flying pains in the lower part of the abdomen, and shooting through the pelvis and loins—the pains continue, with long and irregular intervals between, and are attended with uterine contraction, which may be distinctly felt through the abdominal parietes—there is nausea, vomiting, and indisposition to leave bed—the uterus forms a tumor which descends low into the vagina—and the os uteri may be felt as a small, firm, nipple-like projection, looking backwards towards the sacrum—soft parts dry, tense, unyielding, but of natural heat—and there is not any pyrexia.

During the 16th, 17th, and 18th instant, patient lay in bed, lived low, and used mild purgatives and enemata; and, during this period, the pains continued of the same character, but without any sensible change in the state of the os uteri.

19th inst., 10 o'clock, A.M.—Uterine tumor much lower in the pelvis, and so tense that the sutures of the head may be distinctly felt through the uterus—os uteri now obliterated, and its situation to be ascer-

tained only by a very careful examination—it is dilated to an extent that may be covered by the *tip of the little finger*—the margin of this opening thin, tense, sharp, and so closely applied to the head, that, upon a careless examination, it might easily be believed that the head was in the vagina, enveloped by the *membranes*, through which an accidental opening had been made.

In the evening the pains were more frequent and troublesome, yet without promoting the dilatation of the uterus—patient anxious, restless, and suffering much from frequent small discharges of urine and liquor amnii, discharged with the uterine contractions—pulse 90, full and strong, without headache or decided pyrexia. The catheter was introduced with difficulty, on account of the low situation of the head, and enemata could no longer be retained—the bladder was found nearly empty.

Twenty ounces of blood were next taken from the arm, which reduced the pulse and gave immediate relief; the following draught was then given:—

R Tinct. opii. m. xxx.

Liquor. ant. tart. m. xx.

Aq. m. pip. 3i.

And repeated (with tinct. opii. m. xx.) in three hours afterwards, as sleep had not then come on.

20th.—Enjoyed a quiet night—had a few pains in the morning—os uteri so *dilatate*, that the finger was introduced and presentation found to be natural—catheter passed occasionally.

At eight in the evening, same state of the uterus—patient quiet and sleepy.

The tartar emetic solution (1 grain to ℥vi.) was now given at short intervals, as the os uteri continued in the same state as at morning visit, and was not disposed to dilate even when stimulated by the introduction of the finger.

On the afternoon of the 21st, the pains became regular and strong, yet having continued for above two hours, did not sensibly enlarge the os uteri. At this period its dilatation was cautiously and perseveringly assisted by introducing one or two fingers within the uterus, and during a pain, pressing the uterus, gently backwards over the child's head; and thus the head cleared the os uteri at eight o'clock in the evening: and the woman was safely delivered of a living male infant, at two o'clock in the morning of the 22d inst., having been in labour during *three* days and *three* nights, reckoning from the period when the os uteri began to dilate. The membranes did not protrude through the os uteri during labour, the liquor amnii having escaped gradually, and in small quantities. This woman recovered without a single bad symptom.

This case proves that the *duration of labour*, considered *alone*, cannot afford a correct guide as to its management.

That, however desirable it may be, to have the *first stage* of labour, or stage of dilatation, effected within a given time (say twelve hours,) that yet cases will occur when *this rule* shall be found impracticable.

Such a case, as the one under consideration, *might* pass for one of *adhesion* of the os uteri, and be treated accordingly, by incision of the uterus, to allow the expulsion of its contents.

That, in every similar case, *two rules* are strictly to be observed:—1st, to render the os uteri *disposed to dilate*: and, 2dly., *this end* being effected, to aid its dilatation. These rules were here observed, and the perusal of the case will shew with what effect.

The necessity for the catheter in *every case* of protracted labour, and the difficulty there will occasionally occur in its use, although there may not be the least disproportion between the head and the cavity of the pelvis.



I have reason to believe that the *early escape* of the liquor amnii, together with the *rigid state* of the *os uteri* and *age* of the patient, combined to render this case so singularly slow in its progress; and that the case, if left to nature, would have been likely to terminate, unfavourably, to mother, or child, or perhaps to both.

### CORK NORTH INFIRMARY.

#### DISLOCATION OF HUMERUS BACKWARDS, WITH FRACTURE THEREOF; AND INJURIES OF THE HEAD.

Sir Astley Cooper states in his lectures, that but two cases of dislocation of the humerus backwards, occurred in the course of 38 years at Guy's Hospital: the following complicated case may, therefore, not prove uninteresting:—

Timothy Breen, aged 62, was admitted into the North Hospital, Cork, under Dr. Bullen, on the 4th inst., with dislocation of left humerus backwards, on the dorsum scapulae, and fracture of same humerus in middle third, received by a fall from a car: patient was unable to describe the details of his case, suffering, as he was, from severe injuries of the head, and fracture of the ossa nasi received by same accident. The case presented a most extraordinary appearance of deformity—the fractured extremities of bone projected the one over the other about four inches—the glenoid cavity appeared as clearly delineated as in the naked bone—and the muscular boundaries of the axilla as well developed as though dissected for demonstration.

Dr. Bullen first adjusted the fractured portions of the humerus with splints; and extension being made by the house surgeon, at an acute angle, forwards and outwards, pushed the head of the bone from behind into its place. The dislocation was reduced with very little difficulty.

#### DEPRESSED FRACTURE OF THE SKULL.

TO THE EDITORS OF THE MEDICAL PRESS.

Wexford, Feb. 19, 1840.

GENTLEMEN,—In compliance with a laudable desire of Mr. Enright, as expressed in the last number of your valuable PRESS, to elicit some facts tending to throw light on the subject of depressed fracture of the cranium, I beg leave to subjoin two cases which have occurred in my practice.

##### CASE I.

A boy of the name of Cook, about 12 years of age, whilst playing with other lads upon a horse and car, the horse ran away, and he was thrown on his head, in consequence of which a portion of the scalp, about the size of a crown piece, was raised, and a portion of the cranium, at the superior part of the frontal bone, to an equal extent depressed, about the thickness of a line.

I saw him immediately after the accident—he had been stunned for a moment by the fall, but suffered no other bad symptom. I did not feel myself called upon to perform a severe operation *merely to raise the bone*, so I brought the divided parts into apposition—had him kept quiet—cold lotion applied—purging medicine given—low diet enjoined, and the boy did well, nor has any bad symptom since supervened.

##### CASE II.

A child of the name of Roach, about 5 years of age, while ascending a ladder, his foot slipped, and he fell

to the ground on his head, from a height of ten feet. The child was immediately brought to me—there was a small wound of the scalp, and I could distinctly feel the depression of a piece of the cranium at the posterior part of the right parietal bone, about the size of a crown piece. The child presented no bad symptom—he was treated in a manner similar to the former case, and with equal success.

These cases resemble Mr. Enright's as far as *depression*, without symptom of compression, is concerned; but, in other respects, there is a material difference. 1st. Both these patients were very young, a fact which should not be overlooked. 2dly. There was no foreign body, properly so called, in contact with the bone or its membranes.

But Mr. Enright's is a very rare case; and although I would not be induced to trepan for *mere fracture and depression*, as shewn above, yet I certainly would, to remove a *foreign body*, as in Mr. Enright's case, in order to avoid the consequence that otherwise must necessarily ensue.

I have the honor to be, gentlemen,

Your very obedient servant,

R. M. NUNN.

### REVIEWS AND NOTICES OF BOOKS.

GRUNDZÜGE ZUR LEHRE VON DER KRANKHEIT UND HEILUNG. Von Dr. K. F. H. Marx. ELEMENTS OF PATHOLOGY AND THERAPEUTICS. By Dr. Marx, Ordinary Professor of Medicine in Göttingen. Carlsruhe and Baden. 1838.

We think it well to introduce German authors occasionally to our readers, because we are of opinion that German medical literature is at least equally instructive as the French, and, for research, is far superior. The division-of-labour principle is carried out to so great an extent in the German universities, that in some, the professorial staff comprises hard upon a century of members, if we reckon privat-docents with the ordinary and extraordinary professors: and as the remuneration of a German chair is for the most part contingent upon the reputation of its occupant, we may fairly conclude that the probabilities of excellence in each department of science are considerable.

Besides, we ought to reciprocate a kindly feeling. The German literati are proverbial for their accurate and extensive reading; but it is to English literature they give, in general, the most decided preference. The late venerable Professor Blumenbach, to the last moments of his life, was an enthusiastic admirer of the institutions, people, and learned lore of Great Britain. Towards the close of his life he was confined by infirmity and rheumatism to his library chair, and there he sat, day after day, a velvet cap marking the ample round of his forehead, and contrasting with his long grey hair—ever pleasantly engaged with books, which he read to the last without spectacles; but never apparently so happy as when an Englishman visited him, with whom he could converse respecting his museum, and the English contributors to it, and his own works, which, he was proud to say, might be found in the Royal Library, translated into almost every European language. No one could mistake the genuine sincerity with which he thrust out his hand across the table to his English visitor, his wrinkled face radiant with smiles; and shouted, in a voice somewhat stentorian, "Well-kom, Eng-lish-man!"

But we are rambling from our subject, or, rather coming to it; for Professor Marx occupies the chair of pathology and therapeutics in the same university which has witnessed the enduring labours of Haller



and Blumenbach. His conspectus of these sciences commences with an introduction, in which he demonstrates, very satisfactorily, and in few words, the extensive relations they have to physiology, pathological anatomy, organic chemistry, and general physics; and the consequent necessity for a systematic and comprehensive arrangement of the facts upon which they are based. Our author then develops the elementary principles of pathology, and treats of the variations in vital phenomena, of health, and its opposite states, of the commencement of disease, and of the vis medicatrix. The second chapter enumerates the various modes in which disease may be developed, and treats, generally, of the multiplication of organs and functions, and of disturbing agencies, internal and external. A third chapter is occupied with the general principles of prophylactic treatment; and a fourth with a general history of disease, which is followed by general therapeutics. Next we have the general relations of disease explained, its symptoms, and the indications of cure; and then come the general therapeutic indications, general pathology, and general modes of cure. The predisposing causes of diseases are arranged under the three heads of psychical, organic, and physical; the first comprising a consideration of the action of the mind on the body; of the agency of the passions, of temperament, of idiosyncrasy and of habit. The second, or organic causes, are divided into three sets, as they influence the solids, fluids, and the functions of organs, all which are examined systematically, and in detail. Under the head of physical causes, cosmical and telluric influences are noticed; also, the agency of light, of sleeping and waking, of warmth and cold, of baths, of the atmosphere, of clothing and nutrition, of poisons, and contagious and infectious matters. Another chapter reviews the relations of locality and periodic changes to disease; or, as the author expresses himself, of space and time, and embraces a consideration of climate, endemic and epidemic diseases, of quotidian and seasonal changes, and of the doctrine of critical days. The work then concludes with special therapeutics, considered under the three general heads of the tonic, depleting, and alterative methods of cure; each presenting numerous minute subdivisions, many of which will be quite new to the English reader, and indicating, at the same time, the various uses of the *matéria medica*. The book is divided into sections; and the following (§ 208) may serve as a specimen of the author's style:—

“The importance of *historical pathology* in the study of epidemics is obvious from the preceding statements. The questions when or where this or that disease originated, how it was propagated, and what share in its production may be ascribed to the air, water, the earth, the mutual intercourse of men with each other, or with lower animals; to the mode of life, diet, manners, and employments of the people; to travelling, war, or colonisation, are questions which require for their solution the most minute and comprehensive observations, but which, indeed, are solved only in the most unsatisfactory manner.

“Even in our own day, the knowledge of the genesis of an epidemic disease is involved in insuperable difficulties; how much more those of a distant and dark age, when science was unknown, and the information which we have, respecting them, only scanty tradition. These remarks are applicable to all contagious and epidemic diseases; but a critical history of these affections, an unravelling of all their entangled causes and consequences, is both important and necessary to the right understanding of the origin, mode of extension, progressive march, period of quiescence and resuscitation of each disease, and of their influence for weal or woe on the existing generation.”

We thank Professor Marx for the ‘term historical pathology,’ and we commend it to the notice of the statisticians who seem to labour only for the benefit of life-insurance companies: but the author's tone is somewhat too desponding. A stout step towards the unravelling, he mentions, was made by Noah Webster in his history of epidemics; and, more recently, by the Rev. Mr. Clark, in a series of articles which he communicated to the Magazine of Natural History. Doubtless, extensively epidemic diseases originate in equally extensive cosmic and telluric changes: but before historical pathology can be much benefitted, we must ascertain the nature of these changes, and we must make use of the Baconian system of philosophy, and march, progressively, from the less to the greater—from the simple to the more complex. And what more suitable for the commencement of an inquiry of this kind, than the changes which are open to every day observation? Not a few of these have been already observed, and the times of their occurrence accurately ascertained. We here refer to the observations of Horsburgh, Humboldt, Boussingault, and Rivero, Carlini, Lubbock, and Hudson, on the diurnal variations of the barometer; to the most important observations of Lieutenant Colonel Sykes, on the same subject, in connexion with the daily tides of the atmosphere; to the researches of Saussure, Schubler, and Read, into the same subject, and the diurnal changes in the electric tension of the air; and to those of Canton, Beaufoy, Hood, Christie, Barlow, and Fisher, on the diurnal variations of the magnetic needle. Let these be compared with the diurnal variations in health and disease before we extend our inquiry into bye-gone ages.

But if these be too minute, at least, atmospheric variations as regards heat and cold, moisture and dryness, the changes of the wind, and other meteorological phenomena present a large field for inquiry; and, since it is universally acknowledged, that the changes in the weather are most marked about the lunar phases, let these be the points to which observations, upon the connexion between atmospheric phenomena and disease, may be referred. It is such as these which alone can constitute the proper basis of historical pathology; at least all the ridicule which may be brought to bear against lunar influence will not serve science one half as much as one week devoted to such observations throughout Britain.

In concluding this somewhat desultory notice of Professor Marx's work, we would observe that it, in some degree, resembles Gregory's Conspectus, particularly in its compressed style and easy diction. There are many practical observations but of too general and philosophical a character for the empirical routinist. The plain English reader will think the language (always eloquent) to be occasionally turgid; but the book will not be the less attractive on this account to the young medical student engaged in acquiring the German language; and we would recommend it to such of our readers, as well for its neat style, as because it contains a good general view of the medical science of the Germans.

#### DISTRIBUTION OF PETTY SESSIONS' FINES.

THE following letter will be read with interest by such of our brethren as are connected with medical charities. It fully corroborates the statements of the Council of the Medical Association, (see PRESS of the 12th instant, page 119.) We would recommend the treasurers of the several charities, to have accurate accounts of their claims made out, certified by three magistrates, and forwarded as soon as possible to the Chief Secretary's office:—

“Dublin City, 18th February, 1840.

“SIR,—I am directed by the Lord Lieutenant to acknowledge the receipt of your letter of the 3d instant,



and to acquaint you, that arrangements are now in progress for examining the accounts of fines imposed at the several petty sessions, &c., and ascertaining the sums due to all claimants upon the fund now in the hands of the paymaster of civil services; and until this has been done, no single claim can be established.

"His Excellency regrets that the defects in the Act of Parliament should have caused the delay which must necessarily take place in your case; but every exertion will be made by the executive to remove the impediments which at present exist to the distribution of the fund.

"I am, Sir, your obedient servant,

"WM. TIGHE HAMILTON.

"To William Kingsley, Esq.,  
Physician, Fever Hospital, Roscrea."

#### RETURN OF STAMPS

ISSUED TO THE PRINCIPAL DUBLIN NEWSPAPERS, FROM  
JULY 1, TO DECEMBER 31, 1839.

	Total.	Publications.	Average of each publication.
Mail,.....	216,000	78	2769
W. Freeman,...	70,500	26	2711
Saunders,....	318,000	158	2013
W. Register...	47,000	26	1807
W. Warder....	44,650	26	1717
Packet,.....	120,500	78	1543
Post,.....	120,000	78	1538
Statesman....	48,925	52	940
MED. PRESS..	19,600	26	754*
Do. (Sup.)....	1,400		
Pilot,.....	57,725	78	740
Monitor,.....	57,400	78	735
Freeman,.....	96,500	158	610
Register,.....	63,000	158	398
Ev. Freeman..	30,000	78	384
M. Advertiser	10,000	26	384

\* The PRESS also publishes 500 copies, in half-yearly volumes, which are not included in the Stamp-office Returns.

#### TO CORRESPONDENTS.

*Communications received from Drs. Reardon, (Stockport,) Lator, (Kilkenny,) Meekings, (Tubbercorry,) Mr. Gamble, (Cork,) Drs. Veitch, (Galway,) Enright, (Ennis,) Kingsley, (Roscrea,) Limrick, (Rosscarbery,) Barry, (Rathcormac,) McKittrick, (Hollywood,) Wood, (Bandon,) Mr. Dermott, (London,) "A City Surgeon." As the communication of the latter gentleman pointedly alludes to individuals, we cannot, in fairness, make it public without the sanction of his name. We dealt similarly with the letter of "Mr. D.," to which he refers.*

*We shall always be glad to hear from "Vindicator."*

### MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 26, 1840.

#### MARCH OF MEDICAL REFORM.

Two late numbers of the *Medical Gazette* contain articles on medical reform by a correspondent signing himself a Professor in the School of Physic in Ireland. Dr. Lendrick, the author of them, must pardon the liberty we take with his assumed character of incognito, and permit us to congratulate him and all good reformers on his accession to the cause, even though he should not for the present be prepared to "go the whole hog" with us.

Strange as it may appear, he argues against the union of the two branches into one faculty, he himself being, to all intents and purposes, by education, and in practice, a one-faculty man. Did he not serve an apprenticeship to Mr. Wilmot? and did he not graduate as a doctor of medicine? Is he not profes-

sor of the practice of medicine in the School of Physic?—and is he not, at Mercer's Hospital, although called a physician, as good a surgeon as any, and, perhaps, better than some of his colleagues there? Upon what case, the honorarium being tendered, would he turn his back in private practice, refusing his advice on the ground of its being surgical? If he insists on the separation of medicine from surgery, let him draw the line of demarcation between them; or let him point out one single example, in the three kingdoms, of any man living by practice in what he would call the legitimate province of a surgeon; or name one single individual engaged, exclusively, in cutting, plastering, and bone-setting. That he can shew abundance of persons confining their practice to diseases called medical, we admit; there is no objection to such a course, nor difficulty in pursuing it.

Physicians unacquainted with surgical diseases, and consequently incapable of acting in the capacity of surgeons, may practise with advantage to themselves, and safety to those who employ them; but a pure surgeon, a mere operator, dresser, and bandager, cannot live by the trade, or practise it without danger to those who fall into his hands. Fortunately for society, no such calling longer exists, except, perhaps, in the shape of a country bonesetter. The question now is not what has been, but what shall be; and the real point to be decided is, whether, in future, any man shall be allowed to practise the healing art, who has not proved his proficiency in every department.

The following is Dr. Lendrick's plan. It contemplates a supreme board or faculty in each kingdom, to license, on examination, those who have already received diplomas from existing colleges: no one to be eligible to hold any public situation without such licence. It also contemplates rendering this supreme board, or faculty, a board of control over colleges and teachers, but we will allow the doctor to speak for himself:—

"The licence of the Faculty of the empire ought to be issued on the warrant of either of three examining boards, constituted by a selection made from the existing examining authorities in England, Scotland, and Ireland, respectively. The candidate might be educated and examined in either country according to his choice, with the proviso, however, that no part of his education should be recognised, nor any diploma or testimonials admissible in proof of his qualifications, unless obtained in a different department of the United Kingdom from that about to be the site of his examination. This precaution against the purity of the tribunal being suspected, is similar to that adopted in assigning to a newly-appointed judge, as the circuit over which he is to preside, one which had not been the site of his recent practice as an advocate.

"The licence of the faculty ought to be indispensable by law for all the public appointments, with of course a protection to existing personal interests. Every candidate for a medical licence should be required to produce a medical degree, and every surgical candidate a diploma from a College of Surgeons. The privileges of the Colleges would be thus maintained.

"One of the greatest evils connected with the present system of regulations, and which is more likely to be increased than diminished by the measures usually suggested, is the specification of particular degrees and diplomas as qualifications for public appointments, and of particular formal and nominal details of education as preparatory thereto. The obvious result of such a system is, that the candidate is rendered indifferent to the acquisition of information, and looks merely to the possession of those papers or parchments by which the diploma in the first instance, and the appointment in the second, may be obtained.



The consequence ensues, that colleges and teachers often compete, not as to who shall do their duty best, but who shall perform it worst, and comply with the letter of the law in the manner most agreeable to the candidate.

"The regulations and practice of Colleges and teachers ought to be strictly scrutinized by inspectors, and the respective boards of examiners should be sworn by the Faculty to attach due weight to their reports, and the proofs of *bonâ fide* education, both in diminishing the amount and degree of the examination in each case, in proportion to the previous qualifications, and in determining their decision. It would thus be the interest of the candidate to obtain the diplomas and certificates of highest reputation, as tests of professional information, and to exceed the prescribed curricula of education; while it would also be the interest of teachers and Colleges to do their duty, in order to render their testimonials valuable.

"It will be said that a second examination, after obtaining a degree or diploma, would be oppressive on the candidate. It would only prove irksome when it ought; that is, when the former test had been insufficient. Besides, the interest of the public is to be taken into consideration. The trust of a practitioner is very great, and his competency is better secured by two examinations than one, since the subject is of vast extent, so that even a good answerer might be uninformed on matters of practical importance, on which the examination had not touched. As to expense, the existing defect is the cheapness of medical education, and the undue facilities afforded to entering the profession. The race of pettifoggers in law has become comparatively extinct, and the profession of an attorney has been rendered respectable and lucrative, since expense and education were rendered requisite as qualifications; so may it be with medicine and surgery.

"The proceeding differs from other suggestions for medical reform, in constituting three competent and yet impartial courts of equity, to judge of matters that can never be specified in legislative acts. The letter of the law often becomes a serious mischief, by opposing obstacles in the way of the conscientious, which can easily be evaded and their supposed security nullified by the unprincipled. In order that the law should be a blessing instead of a curse, a discretionary power to direct the spirit instead of the letter must be vested somewhere. The only objection to granting this power to the leading medical and surgical authorities of the kingdom, is the chance of their being interested parties, or abusing the advantages that monopoly might afford. It seems, however, that the preceding plan would meet these objections. The Faculty would have no power but that of issuing licenses according to the directions of the boards of examiners, and these would be a check on each other. The members having fixed salaries accruing from the fees, and having nothing to do with educating their own candidates, or examining their own graduates or pupils, could have no inducement to be remiss in their examinations, or to afford undue facilities, while in case of severity or injustice, one of the other boards would be a court of appeal to the aggrieved party."

The remainder of the plan, contained in a succeeding number of the same journal, is as follows:—

"There ought to be three Apothecaries' Companies, in England, Scotland, and Ireland. Each should have the authority to enact salutary regulations for the due education and examination of candidates for their licence. In order to establish a proper rivalry, and to prevent injustice the licence of the Company ought to entitle the possessor to admission as a licentiate of the rest, merely on payment of the fees.

"No person (existing interests being preserved) should be permitted to practise pharmacy, or in any way to vend by retail, medicine, whether simple or compound, without the licence of the Apothecary's Company of the Kingdom, under a penalty of £5, to be levied by summary process before the recorder or a bench of magistrates. This law, however, not to apply in the case of a practitioner being a physician or a surgeon at the time of the passing of the act, or a licentiate of the faculty hereafter, who might supply medicine for the use of his own patient solely, and who should not keep an establishment for their sale, or profess to vend drugs or medicine.

"No person ought to be capable of being a licentiate both of an Apothecary's Company and of the Faculty of the United Kingdom."

Of the practicability of this plan, its probable effects if adopted, and value as a remedy for existing evils, we refrain from expressing an opinion at present. We present it to our readers for the purpose of contrasting, comparing, and weighing it with those published in our 54th number, and thus enabling them to become acquainted with the views of those personally interested in the success of an efficient measure.

#### NEW TABLES OF MORTALITY.

Through the kindness of the Registrar-General, we have received copies of the tables of mortality for the metropolis, for the month of January. We hope at some future period to be able to notice these documents at length. In the meanwhile we may say that we hail this publication as the most direct step towards the improvement of medicine which has been taken for many years. Upon a very casual examination, one or two matters have accidentally caught our eye, of which we would gladly learn the explanation. Why, for instance, are ague and remittent fever classed under the head of typhus, and why is scrofula made to include purpura? We should also like to know upon what authority the correctness of the returns is based.

#### BRITISH MEDICAL ASSOCIATION.

FEB. 11, 1840.

A communication was read from the Eastern Medical Association of Scotland, approving of the "outlines of a plan of medical reform," prepared by the British Medical Association.

A letter was also read from James Gatis, Esq., Honorary Secretary to the Wolverhampton Medical Society, asking for information towards the formation of a Branch Association in that town. Minutes of an interview between Mr. French, M.P., and a deputation from the Association were read by Dr. Granville. Mr. French informed the deputation that he had suspended, for the present, his motion for a Royal Commission on medical affairs, as he had been informed by Lord Normanby, that Mr. Warburton had positively engaged to move for the re-appointment of the Medical Reform Committee immediately after Easter. Mr. French also stated that the commission, contemplated by him, would consist of two or three competent medical persons, with, perhaps, a lawyer to assist them, charged with digesting the medical evidence already before the House, so as to allow him to prepare a bill for a complete medical reform.

The Council of the British Medical Association have published an address calling for petitions, for which we regret we have not room in this number.

#### PROMOTIONS.

MILITARY.—Hospital Staff.—A. B. Cleland, M.D. to be Assistant-Surgeon to the Forces, vice C. L. Grant, deceased.



## POOR-LAW INTELLIGENCE.

**CORK UNION.**—Mr. William J. Gardiner has been elected apothecary to the workhouse. We have been informed that this gentleman is a stranger in Cork, and that the apothecaries of that city had determined not to look for the situation at the salary of £30. It was suggested by Mr. Voules, the Assistant Poor Law Commissioner, that the master of the workhouse, (who happens to be a licentiate of the apothecaries' company,) should be appointed apothecary *without salary*, and that his son should act under him as dispenser of medicines.

## MEDICAL INTELLIGENCE.

**HOUSE OF LORDS.**—THURSDAY, FEBRUARY 20.

The Marquis of Normanby presented a petition from the British Medical Association praying for medical reform.

The Duke of Richmond has presented a petition for medical reform from the North Tipperary Medical Association.

## HOUSE OF COMMONS.

A petition has been forwarded from the town of Wexford to Mr. Wakley for presentation to the House of Commons.

**MEETING AT CORK.**—The members of the Western and Eastern Medical Societies will meet at Lloyd's Hotel, Cork, on Thursday, the 12th of March, when it is also expected that a general meeting of the members of the profession, resident in the county and city of Cork, will take place. A deputation from the Council of the Medical Association of Ireland has been requested to attend.

Amount of Subscriptions received for "Distressed Apothecary," £10. 15s. Want of room obliges us to omit the names; as well as the Register of the Weather, until next week.

Mr. Ferrall requests us to state that he had no knowledge of, or participation in, the absurd account of the operation for hare lip which we quoted last week.

## ROYAL COLLEGE OF SURGEONS.

Dr. MAUNSELL will Commence a Course of Lectures on Midwifery, and Diseases of Women and Children, in the first week in March, to be continued upon four days each week, at four o'clock, and concluded in May.

N.B.—Gentlemen holding Certificates for Attendance on these Lectures, will be allowed to attend the Practice of the Coombe Lying-in Hospital on payment of Four Guineas.

## DINNEFORD'S SOLUTION OF MAGNESIA.

**THE SOLUBILITY** of CARBONATE of MAGNESIA in DISTILLED WATER, impregnated with an excess of CARBONIC ACID, has been long known to both Scientific and Practical Chemists. We might refer to authors at hazard for this, but the following examples will be sufficient to establish the fact:—In Fourcroy's Chemistry, published in 1790, Vol. I., page 273, the author states, it is "dissolved in water, saturated with ærial acid."—In the System of Chemistry, published at Edinburgh, in 1809, by the late celebrated Dr. Murray, (a very different person from Sir James Murray, the late Apothecary of Belfast Hospital, and subsequently Soda Water maker in that town,) the following sentence will be found at page 533, Vol. II., "When acted upon by water impregnated by Carbonic Acid, it (Magnesia) is dissolved."—In Thomson's Inorganic Chemistry, published in 1831, Vol. II., page 532, it is stated, "Carbonate of Magnesia dissolves in water impregnated with Carbonic Acid."—In Brande's Manual of Chemistry, published in 1836, page 627: "When a current of Carbonic Acid Gas is passed through a mixture of water and Magnesia, a clear Solution of Bicarbonate of Magnesia is obtained." The above works are the text-books in the hands of every Student of Chemistry. They were written by the most celebrated Chemical Philosophers and eminent Teachers of the last half century. Is it not surprising, then, that at the present day, any person *calling himself* a Physician, should ignorantly pretend to have discovered so well known a fact? I make no claim to such a discovery, but I have used it, and shall continue to do so.

I am well aware how little importance is attached by the public to disputes, engendered and fostered by the clashing pecuniary interests of rival manufacturers and tradesmen, but a few words are due to my friends in answer to the puffs and unfounded accusations circulated in anonymous handbills, (without even the printer's name attached to them,) as well as anonymous letters, couched in the foulest language, and other disreputable channels, by the individual opposed to me, and those who espouse his cause.

In the course of the year 1838, I was engaged in a series of laborious and costly experiments for discovering the most effectual means of obtaining a pure and perfect Solution of Magnesia; and in the month of November I offered

## QUEEN'S COUNTY INFIRMARY.

## HOUSEKEEPER AND NURSETENDER.

**WANTED**, an intelligent active FEMALE without any incumbence, to fill the Situation of HOUSEKEEPER. She must be of Industrious Habits, capable of keeping Accounts, cutting out work for the employment of Female Patients, and directing the entire Domestic Economy of the Institution. The Salary of the late Housekeeper was £30. Irish, per annum, with Apartments, Fuel, Soap, Candles, and Attendance, without any other allowance.

Also, wanted a Respectable Female as NURSETENDER, who must be capable of keeping Simple Accounts, Salary of late Nursetender £26. 5s. per annum, with Fuel, Soap, and Candles, without any other allowance.

For further information apply, if by letter, post-paid, to Dr. JACOB, Maryborough. The Election will take place at the Infirmary, at Twelve o'clock, on MONDAY, the 30th of March, when Candidates should attend with their Testimonials.

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Comprising the Structure of the Female Generative System; the process of Parturition, in all its details; the After-management of the Puerperal State; the Physiology and Diseases of the Unimpregnated Generative System; the Physiology of Conception, and Diseases of Uterogestation.

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## TO THE MEDICAL PROFESSION.

MR. HERRON, National Medical Hall, 6, Lower Sackville-street, begs leave to inform the Profession, that he has imported a quantity of Cubebs Pepper, selected from the very best specimens in the London Market, and, therefore, can pledge himself for its purity. He continues to have it ground as it is ordered, which has been found to succeed so much better than keeping the drug prepared for use in the powdered state.\* By pursuing this method, the Volatile Oil is preserved, and the success of the remedy rendered certain.

\* Surgeon Morgan's remarks on the administration of Cubebs.—MEDICAL PRESS, February 12, 1840.



my Solution for sale to the public. Sir James Murray, who had been employed in Belfast on the same subject, called upon me the 23rd of December, and proposed terms of agreement between us, by which he was to surrender to me the sale of this preparation in England, whilst he reserved to himself the market of Ireland and Scotland: knowing but little of Sir James Murray at that time, I was ill-advised enough to listen to his proposals. Instructions were then given by Sir J. M. to an attorney to draw up articles of agreement between us.

What was my astonishment to find that at the very moment when the lawyers were receiving those directions, the newspapers were filled with advertisements for the sale of the Fluid Magnesia in London: at first some apprehension seems to have been entertained by the author of these advertisements, for they were issued in the name of the "Successor of the Inventor," "Discoverer of the Process," and other disguises. By degrees, however, growing bolder, the name of "E. Murray, Chemist, 44, Regent Circus," (where no Chemist resides, the house being occupied as a Steam Packet Office;) of "Mr. B. Murray;" then of "Dr. Murray, Chemist, 33, Piccadilly," (which happened to be the residence of a respectable stationer;) and at last, when all these miserable subterfuges were exposed, the name of Sir James Murray was inserted in the advertisement. In this way no doubt it was the intention to amuse me by affected negotiations with lawyers, while the most active measures were taken for a premature occupation of the market.

I know that these personal matters are of little interest to the public, but they are become necessary for my own vindication; for falsehoods boldly advanced and left long uncontradicted, do at last meet with persons to listen to them and repeat them. I have reason also to know that a garbled statement of the above facts has been imposed on some, and among others on that eminent physician, Dr. Conquest, who has expressed to me his regret that he should have permitted himself to be deceived by an *ex parte* statement of Sir James Murray's. All future attacks and calumnies I shall pass without comment. My friends will easily believe, that the man who can act in the manner I have related, will invent stories to justify the language he has employed. I cannot say more of them than I have already said—that all his accusations are scandalously false.

That which is of real value to the public is the admission of Sir James Murray himself, that "*the process had been greatly improved since his time by persons in London.*"\* These improvements are my discovery; they have cost me great pains, and much thought. I offer my improved Solution of Magnesia to the public, and I know it will be appreciated.

CHARLES DINNEFORD,

Family Chemist to her Majesty the Queen Dowager,  
and His Royal Highness the Duke of Cambridge.

172, New Bond Street.

☞ That I am not the only object of his calumny, the case of Mr. Read, referred to below, will amply prove.

#### MR. READ'S REPLY TO THE ATTACK AND UNFOUNDED STATEMENTS OF SIR JAMES MURRAY.

EXTRACT FROM BERROW'S WORCESTER JOURNAL—SEE 15th AUGUST, 1839.

TO THE EDITOR.

SIR,—I have read with concern some observations in your valuable report of the proceedings of the Provincial Surgical and Medical Association lately held at Liverpool, which, if not noticed by me, may not only blight the cheering prospects of the last few months, but lead my professional friends to suppose that when publicly charged with claiming the invention of another, I have, by my silence, admitted the truth of the charge. The part of your report to which I wish to call public attention is the following:—

"Mr. Read, of London, exhibited his patent syringe or stomach pump, for the purpose of restoring suspended animation, and explained its important applications to the meeting; the exhibitor was himself operated upon.—Sir James Murray next rose, and wished to impress upon the meeting that Mr. Read was not the inventor of that important instrument. Sir James produced the original one, invented by himself, and explained its mode of operation, asserting that Mr. Read had, from reading his account of it, manufactured a less effective and clumsier apparatus, which he had now endeavoured to palm upon the public as his own."

I was not able to attend the meeting in consequence of ill health, nothing short of which would have prevented me, as I had been earnestly solicited to go by Dr. Barlow, Dr. Soden, Dr. James Johnson, and several of my medical friends, but deputed a friend to attend for me. If I had been present, a few observations from me would have convinced every one at the meeting that I invented the above instrument for the express purpose of restoring life in cases of suspended animation, and presented it to the Royal Humane Society of London, in the year 1828; which Mr. Westropp, their secretary, can bear witness to.

I further most positively declare upon my honour, that I have never, to this day, seen Sir J. Murray's instrument, neither have I any recollection that I ever heard of him or saw his pamphlet until the early part of the year 1838—more than nine years after my instrument had been presented to the Royal Humane Society!

I will now state under what circumstances, and when, I read Sir James's pamphlet: In the month of July (I believe,) 1838, two gentlemen came into my shop, who I had no knowledge of, and asked to see my instrument for restoring suspended animation; I showed it to them, and at their request minutely pointed out the construction and application of the various parts. Happening then to have in my hand the pamphlet alluded to, Sir James observed, "that is my book." On my stating that it belonged to a friend who had just lent it to me to read, Sir James, to my great surprise, said, "I am Sir James Murray," and then told me he had invented an instrument for the same purpose, and wished me to join him, stating that it would be better for us both not to be opposed to each other, and particularly for me, as his instrument was far superior to mine; but as I had not seen his invention, nor then read his pamphlet, I told him I could not enter upon the subject. Sir James then promised to bring his instrument on the following day. He came; but as he did not bring the instrument, I again told him I could not discuss his proposal. He then stated he was about to leave London, and could not call again, but would send his son in a day or two with the instrument, and he had then no doubt but we could effect an arrangement. I waited at home for two days, but neither Sir James nor his son called again; and to this day I have never seen nor have I any further knowledge of his instrument than what I can collect from his pamphlet, to which, it should also be observed, no drawing or description is attached.

I trust, therefore, my medical friends will now see that I have been unjustly attacked, and that I have not, from reading Sir James's pamphlet, manufactured an instrument, and "palmed it upon the public as my own."

35, Regent Circus, Piccadilly.

JOHN READ.

☞ [In our report of the proceedings above alluded to, it will of course at once be seen that the charge made

\* Copied from the DUBLIN MEDICAL PRESS, dated January 9, 1839, a paper remarkable for the accuracy of its reports.



against Mr. Read, of appropriating another gentleman's invention to himself, could not emanate from us; we merely quoted Sir James Murray's words, for which *he alone* is responsible.—Ed. B. W. J.]

\*There are other cases of a corresponding nature that may be hereafter adduced.—C. D.

NOTE.—MR. HERRON, of the National Medical Hall, is appointed Agent for Dinneford's Solution, or Fluid Magnesia, which for its superiority and purity, has received the sanction of Professor Brande, of the Royal Institution; Dr. Paris, Author of the Pharmacologia; Dr. Collier, see his last Companion to the Pharmacopœia, page 93; Dr. Conquest, of Bartholomew's Hospital; Dr. Hawkins, and Dr. Merriman, of the Middlesex Hospital; Dr. Birkbeck, so well known in the scientific world; Sir David Davies, Physician to the Queen Dowager: with upwards of One Hundred others of equal rank and standing in the Profession.

## MURRAY'S SOLUTION OF MAGNESIA.

TO MR. WILLIAM BAILEY, WOLVERHAMPTON.

DEAR SIR,—As you are undertaking the commercial distribution of my "*Fluid Magnesia*," it may be necessary to guard your agents against the unfounded statements of a detected imitator of that Medicine in London. It will suffice to reprint some of the *Professional Testimonials* with which I have been honoured for *practically* introducing Magnesia in the FLUID FORM, separating it from *lime, silica, gypsum*, and, in short, (as was always stated in my Essays,) for "*rendering available A KNOWN PRINCIPLE OF NATURE, TO NEW PURPOSES IN MEDICINE.*"—See *Edinburgh Dispensatory*, 1819.

I decline noticing the placards of a London imitator, except in a court of law. His mis-quotation of my words from the DUBLIN MEDICAL PRESS, shews the degree of credit his assertions are entitled to. In alluding to certain improvements which I had pointed out to pupils of mine, then in London, when on my way to the Continent as Physician to the Marquis of Anglesey, Lord Lieutenant of Ireland, I mentioned that improvements were made by "*MY PUPILS*;" these words this pirate distorts, and substitutes "*PERSONS*" instead of "*pupils*," prints this fabricated quotation in *italics*, assumes the plural transformation to *himself*, and says "*these 'IMPROVEMENTS' are my discovery*" !!! Respecting the other absurd delusions of his placard, I beg to refer any person to my solicitor, Mr. Mordaunt, 33, Gloucester Place, New Road, London, who can controvert every item of Dinneford's libels.

You are aware of the following facts:—1st. That the Authors quoted by Dinneford, all published since I practically introduced Fluid Magnesia to Dr. M'Donnell, in 1808. *Fourcroy* merely mentions the solubility known to all naturalists, and set forth in my Essays.—(On DILUTION, page 35. 1829. Longman.) 2d. That *here*, we were not aware of the penalty exacted by the Excise for "*circulating bills without the printer's name attached to them*," as Dinneford informs us. 3d. That on the 18th October, 1838, my friend Mr. Clarke, Surgeon, Hampstead Road, London, was the man who called on Dinneford, and Savory and Moore, of Bond-street, and employed both houses to sell my *Condensed Solution of Magnesia*, that it was my Solution he "*offered for sale in November*," and no other; that he was not then making, or pretending to make, any article of the kind, and that he was advertising himself in bills, (which may be seen at the Agents,) up to last summer, as "*Dinneford, sole Agent for Murray's Condensed Solution of Magnesia for the United Kingdom.*" 5th. That afterwards, *when he sets up for himself*, he reprints these bills, (changing the name,) and *without altering the types*, appropriates to his "*DISCOVERY*," the testimonials of Sir Humphrey Davy, Professor Duncan, and Drs. Comins and Richardson, *all dead* several years before he affixed their *post-mortem* recommendations to his second-hand fabrication of only a few days' duration. Lastly. With respect to the different names he recounts so unfeelingly, you are aware that after the demise of the last (medical) member of our establishment at Belfast, I was *most reluctant (as a Physician,) again to mingle in Chemical or commercial matters*; I did make every endeavour in my power to re-establish the article, so as to protect the merits and fruits of thirty years' exertion and study, and to assist a relative by the business, but the person whom I wished principally to serve not being a medical man or even chemist, I found it absolutely necessary to come forward in person to superintend my preparation, or otherwise to relinquish it to the rapacity of pirates in England. You know the urgency by which I was persuaded to resume this duty to the *profession and the public*; and to encounter the assaults of a few selfish tradesmen, who are inflicting every injury because I could not compel all the world to purchase my preparation at their shops *ONLY*. You are to conduct the *Commercial* part of the business in future, whilst I take charge of the *Chemical* department, and I trust you will not refuse sales to any member of the trade, or of the profession, but give encouragement to all those who deserve it.

I remain, Dear Sir, your obedient servant,

JAMES MURRAY.

P.S.—I have just seen the printed statement of Mr. Read, an instrument maker, which Dinneford presses into his service. Having published an essay upon the errors of the usual mode of restoring suspended animation, I explained an improved instrument which I submitted to the TWO COLLEGES here, and afterwards to a public meeting of the Medical Society, at their house in Berner-street, London, Dr. Bright in the Chair. Subsequently it was referred, by the *Royal Humane Society*, to a meeting of eminent medical men; Sir Benjamin Brodie, who was present, was requested to examine it as soon as possible. Several gentlemen having expressed a wish to possess a similar *apparatus*, I did intend to leave it with Mr. Read, for a model, his (*which I then for the first time heard of*;) being so entirely different in every respect. I waited daily expecting the return of my instrument from Sir Benjamin Brodie, intending to send it to Mr. Read, but Mr. Westropp, the Secretary of the Royal Humane Society, can assure you it was not until last summer that the apparatus was returned to me; it was then too late to send it as a copy to Mr. Read, he having in the interim published his in the periodicals.—J. M.

Merrion-square, Dublin, 14th December, 1839.

Extract of a letter from John Murray, Esq., Professor of Chemistry, F.S.A., P.L.S., &c., in reference to the pretensions of a London imitator:—

"Portland Place, Hull, 19th December, 1830.

"Such a cool piece of impudence I never met with in the course of my existence. The certificates of Brande and Paris are nothing more than the quantity contained in the fluid ounce. Dinneford is a mere imitator—the upstart mushroom of yesterday—the counterfeit of an intrinsically valuable original—Columbus and the egg! I have never before heard of Dinneford's name, and he only *pretends* to its introduction for a period not exceeding a few months, while I have known your valuable Solution of Magnesia in successful and triumphant use for more than TWENTY YEARS. \* \* \* A relation of mine is constantly using your Solution, and with the greatest benefit. In the next edition of my '*Chemistry; a Sketch of Chemistry, Practical and Applied*,' I shall certainly feel it to be my duty to vindicate your right to a most invaluable preparation.

"To Sir James Murray."



# DUBLIN MEDICAL PRESS:

"SALUS POPULI SUPREMA LEX."

No. LXII.]

DUBLIN, WEDNESDAY, MARCH 11, 1840.

{ PRICE SIXPENCE,  
STAMPED.

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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Sur-  
gery in the College.

### LECTURE XI.—TREATMENT OF ULCERS.

I wish I could fully convey the sense I entertain of the great importance that ought to be attached to the treatment of ulcers, and impress upon all, the necessity of giving diligent attention to it. The affection is so common as to constitute the great majority of the cases that present themselves at hospital; and, although I should be sorry to tax my young friends with neglect of any part of their studies in particular, yet I apprehend the mere fact of their frequency greatly diminishes the interest that ought to be felt in them. I cannot object to a student any zeal he may display in looking for (what he calls) good cases, or his anxiety to collect and treasure up uncommon facts; but I think it unwise, at the same time, to overlook those matters of every day occurrence, the very number of which, in affording the greatest facility for acquiring information, must render ignorance the more unpardonable. But, allow me to say, that in lightly regarding the subject of ulcers, the student commits a great mistake; for I know of nothing by which professional character is lost or won more constantly than by the management of these apparently simple affections; neither is it easy to acquire information on the subject that can be positively and implicitly relied on. There is, certainly, no want of authorities on the subject; but whenever you see a multitude of remedies proposed for one disease, you may rest satisfied either that the malady is divisible into a corresponding number of species, or that the author who recommends one ointment, or one plaster, as a panacea for all, has endeavoured to promote his own interest, rather than the advancement of his pro-

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fession, or the welfare of the public. For my own part, I think this subject one of the most difficult to simplify, or to reduce to general principles; and, in attempting to do so, I must premise, that here, as in all other cases, exceptions will occasionally occur as if to baffle human ingenuity in generalizing on matters connected with the living principle, and to prove, by demonstration, that no proposition in our science is universally true.

I think it may be assumed as a reasonable position, that the condition of sore, already described as the simple local, or healthy ulcer, is the one most favorable to recovery; in fact, it seems disposed to heal without any application at all, and, occasionally, in despite of any application, however injudicious, although, in the latter case, the cure must be more or less retarded. If this be conceded, it follows that the object of the surgeon ought to be, to bring all sores, of every description, into this state, and, if possible, so to maintain them until nature operates a cure: and, for this purpose, he should endeavour to discover, and to obviate the particular cause or circumstance that influences the ulcer and keeps up its depraved condition. In order to effect this, it will be impossible for me to lay down universal precepts that would be applicable to every variety of case; neither would such a course, if practicable, do more than reduce the young surgeon to a mere imitative artisan, instead of throwing him occasionally on the resources of his own intelligence; I must, therefore, rest satisfied with placing before you some general principles, leaving to yourselves the working out of the more minute practical details.

And, first, I believe it will be acknowledged that the constitution of a patient must, and does exert a paramount influence on every local disorder, and this is seen strikingly exemplified in the most ordinary occurrences of practice; else why do a number of sores, occupying the same situations, engaging the



same structures, and produced by the same causes, yet assume different characters in different individuals? This is, however, a fact—one of them may be phagedenic—another irritable—another indolent—and another healthy and disposed to heal. But if the comparison of individuals with each other is not sufficiently convincing, the same thing may be proved by observing the varieties that occur in the same individual, at different periods of life, and under different habits and influences. Now, this can only arise from the general health being, in some way or other, out of order; and, although we may not be able to perceive a loaded tongue, an accelerated pulse, or a burning skin—although we may not be able to appreciate the immediate nature and extent of the derangement present—although it may not be perfectly clear whether there is some original vice in the constitution, or the derangement has been produced by the pain and irritation of the local disease, still, in all such cases, we may feel assured that there is something in the system to be rectified before the sore will assume a healthy character.

Mr. Abernethy, who considered, at great length, the subject of the connexion of constitutional derangement with local disease, dwelt largely on the influence of a vitiated condition of the digestive organs, and has given satisfactory evidence of the necessity of directing our attention to them. It would be a curious and not less useful speculation to inquire how far local disease can produce functional imperfections in the digestive process, and the reactions that may proceed therefrom. In both, however, the practical inferences are the same. It matters not whether the system has been out of order before the accident; or whether the pain, the irritation, or the confinement attendant on a sore leg, has injured the constitution—in either case the general state of health will affect the local disease, and, of course, require particular attention.

It would be useless, I presume, to attempt to cure the hospital gangrene, or other similar sore arising from the influence of a tainted atmosphere on the system, without removing the patient to a more wholesome air, and, in like manner, pernicious influences of a minor and less obvious character must be sought for and avoided. In almost all cases it will be necessary to administer aperient medicines, occasionally, to regulate the stomach and bowels: when there appears to be a tendency to inflammatory excitement, antiphlogistic remedies may be indicated: in an opposite condition, bark, quinine, iron, or other tonics, may possibly be desirable: or opiates to alleviate pain or procure repose. But it is needless to dwell longer on a subject too obvious to admit of doubt or to require proof.

There is an apparent exception to this rule of treatment in the specific ulcers. Although they derive their characteristic features from the presence of some taint in the system, and are so far constitutional, they do not require the absolute removal of that taint, and the purification of the system from it in order to an apparent cure. Venereal ulcers heal, although the patient may still remain contaminated, so do those connected with scrofula; but, in such cases, although the sore is healed, it can scarcely be said to be cured, for it either breaks out again in some other place, or is followed by some other symptom, in the train of which the specific action consists.

Secondly, as to the influence of situation. It was remarked (as mentioned on a former occasion) by John Hunter, that the distance from the centre of the circulation seems materially to influence the phenomena, and progress of inflammation, and of all its consequences, and to impart to them an unfavorable

tendency. It is also generally supposed, and with some appearance of reason, that the circulation of the blood in the legs and feet must be more languid than in other parts of the body, in consequence of the operation of its own gravity against the return of the venous blood. Doubtless, ulcers on the legs are very frequent, because, from their situation and uses, the inferior extremities are greatly exposed to accidental injury, and they are unmanageable also, in consequence of the part not being permitted to enjoy repose, and, perhaps, also from a weak or imperfect circulation of the venous blood through them; but I do not think these circumstances should be attributed to the distance of the part from the centre of the circulation, but to the position in which the leg is usually kept—always, of necessity, whilst the patient is walking or moving about.

An ulcer on the hand is often desperately painful if the arm is allowed to hang, but gives little uneasiness if the part is supported in a sling. An ulcer on the penis frequently resists every mode of treatment as long as the organ remains pendulous, but assumes a different appearance, and heals readily if it is retained by bandage up against the abdomen. In like manner, an ulcer on the leg that had been irritable or indolent, inflamed or painful, whilst the patient had refused to submit to confinement, and gone about his ordinary avocations, very soon changes its aspect and assumes the appearance of a healthy sore when the patient keeps his bed. Under these circumstances, it appears quite obvious that it is not the nearness to, or distance from the centre of the circulation, that influences the ulcer, but the position of the limb or part, and this, probably, by the mechanical impediment offered to the return of the venous blood.

Having, then, rectified any vice or irregularity of the constitution, and provided for the repose of the organ in which the sore is situated, we next direct our attention to its local management, and we find unhealthy ulcers to differ from the simple, in some one or more of the following particulars:—

1st. The edges may be loose, and undermined, and detached from the structures beneath them, so that a probe may pass to a considerable extent, and admit of being turned round below them: they may be thin, irregular, jagged, and turned inwards; or they may be thickened and everted.

2d. The surface may be uneven, irritable, painful, and bleeding, on slight occasions, or it may have the opposite character of decided indolence.

3d. The discharge may be unnatural and depraved.

4th. The entire sore may be sinuous—that is, it may extend under the integuments in a long, and often, in a winding direction, whilst the external aperture is extremely small.

Almost all ulcers, when admitted into hospital, are complicated with local inflammation. The irritable is painful, red, and angry, and surrounded by a bright efflorescence of rather an erysipelatous character: the indolent is more painful than usual, and the limb around it is discoloured, but of a darker hue. To remove this adventitious inflammation is the first point to be attended to; and most patients on admission, besides being subjected to the measures usually resorted to in the treatment of inflammation, are ordered to bed, and to have a poultice applied immediately. This practice is pleasant to the patient, (for it certainly does soothe his feelings and relieve his sufferings for the time,) and being convenient in large institutions, is persevered in for some days until the sore begins to clean, and its surface to appear red and granular. But this latter object can often be obtained more quickly and with greater certainty. If



the irritation around it has been occasioned by walking on the limb—by intemperance either in diet or in drink, or by any of those numerous causes that injuriously affect the general class of hospital patients, a few days' rest, and a restricted diet will probably answer every purpose. If, on the other hand, the sore itself is irritable and painful, and its surface exquisitely tender to the touch, it may be desirable to destroy the diseased granulations by the application of some escharotic, or by suitable means to stimulate the absorbents to remove them. For these purposes we use even the concentrated nitric acid—the nitrate of silver reduced to powder—the muriate of antimony—and, on occasions wherein milder preparations may be employed, the nitric oxyd of mercury in finely-levigated powder—the same material combined with lard into an ointment—or the ointment of the subacetate of copper.

It is surprising, in many instances, what immediate and decisive relief is produced by such active applications, and how rapidly the ulcers heal after the irritable surface is removed. It may be, perhaps, that I am prejudiced against the application from the careless and slovenly manner in which it is managed by nurses; but I think it is only where the sloughing process is present, or threatened, that the poultice is indispensable. It may, certainly, be used in private life, where the patient can have it frequently changed, and, moreover, can enjoy the advantages of care and cleanliness; but I seldom order it in hospital when its employment can be dispensed with.

When the edges of a sore are undermined, it forms one of the most troublesome cases with which we have to deal, and months often elapse before cicatrization can be completed. You will recollect that I have divided ulceration into two processes—the destructive and the restorative—and have stated that the ulcer is unhealthy, or the contrary, according as either of these may predominate. Now, as long as the former of these is present, it is useless to look for the healing of the sore; and it is, in the class of ulcer under consideration, produced and maintained by the lodgment of some substance between the loose integument and the surface underneath: it may be ointment—part of the dressing—blood—or, what is more probable, the pus secreted by the sore itself—the presence of any one of these may suffice to keep an ulcer from becoming healthy. In such a case, then, pressure all around, directed in such manner as to lay the surfaces fairly together, and prevent the lodgment of even a small quantity of matter, will often prove sufficient to obliterate the cavity underneath: this should, therefore, be tried in the first instance, and, if it fails, it may then be necessary to open up the ulcer in different directions, expose its surface freely, and endeavour to heal it from the bottom.

I have known of so severe a measure as the removal of the jagged edges by the knife, or by caustic, as if their irregularity of shape was the cause of the obstinacy of the ulcer; but, I believe, this is very seldom called for, and it will be quite sufficient to practice such incisions as will afford depending positions for the free escape of the matter; and such incisions eventually do no harm, for all such sores heal unevenly, and are attended by unseemly puckered cicatrices. When a sore is at all sinuous, it is even still more difficult to deal with, and if so situated as not to admit of the application of pressure, or so extensive, or otherwise circumstanced, as to forbid its dilation by the knife, (both of which complications may exist in the female breast for instance,) I know of few cases attended with more embarrassment and delay. When practicable—that is, where the sinus is not too extensive, or where there are many of them,

or where it can be done without implicating some important blood-vessel or nerve, it is, perhaps, better to open it up throughout its entire extent, and thus convert its whole trajet into an exposed and open sore. But this cannot always be effected, for besides the objections just stated, many persons have such an insuperable horror to the knife, that they will not submit to it on any terms; in such cases pressure has been found beneficial occasionally, but, to be successful, it must act most decidedly on the very bottom of the sinus, otherwise it will rather cause the retention of the matter than favor its escape; and whether from the difficulty of application or not, it is practically found so uncertain, that little reliance can be placed on it.

When the edges of an ulcer are thickened, indurated, and callous, pressure is also of the greatest service—perhaps, it is indispensable: but this is usually the character of the indolent ulcer, more particularly that one which is connected with a varicose condition of the veins of the leg, it is most common, and, at the same time, so unmanageable as to have attracted particular attention, and to have given rise to numerous suggestions for its cure. Under these circumstances, I shall devote the remainder of this lecture to the consideration of the treatment of the varicose ulcer of the leg.

Wherever we find a multitude of different remedies, or operations, or other modes of treatment, suggested for the cure of any single disease, it forms *prima facie* evidence, not only that the disease is obstinate and intractable, but that these remedial measures are all, more or less, inadequate and imperfect. And such seems to be very nearly the history of the varicose ulcer; it is troublesome to heal, and difficult to prevent relapse; and I will have occasion to mention to you a number of proposals for its cure, not one of which has won a sufficient degree of reputation to be generally, much less universally, adopted.

We must, on the present occasion, pass by the causes that are said or supposed to produce this particular condition of the veins of the leg: we cannot even dwell on the pathological change effected, beyond stating that the valves are obliterated—the whole canal of the affected vein becomes one continuous tube—there is nothing to relieve the blood that enters it from the pressure of the entire antecedent column—and therefore is the circulation proportionally retarded. This state of the veins induces a thickened and otherwise diseased condition of the integuments and skin, which predisposes to ulceration, and seems to impart to the ulcer when formed, the indolent and sluggish character described in the last lecture. If this short statement of the pathology of the disease is correct, it follows that by relieving the limb of these injurious influences for a time the sore may be healed; but in order to prevent its recurrence, the varicose veins ought to be cured, and the circulation restored to a sound and healthy condition. And this is all we are able to effect by rest, position, or bandage—we are generally enabled to heal the sore, *pro tempore*—by the application of a laced stocking, or some such mechanical contrivance we seek to avoid a relapse—as long as the apparatus is carefully maintained we are usually successful—and we endeavour to effect a radical cure by operating on the veins, which uniformly is a failure.

It seems to be almost a self-evident proposition in pathology, that a part suffering from disease is incapable of performing its functions in the economy perfectly and completely, and that the degree of imperfection is proportioned to the quantum or the severity of the disease. Hence follows the rule that such duty should not be imposed upon it, or in other words that the part should be permitted to enjoy the



most complete, the most absolute repose possible. I believe, at all times, but certainly since the days of Benjamin Bell, surgeons have been in the habit of adapting this rule to every form of ulcer of the leg, and have advised rest for the limb; but if the ulcer is connected with, or (as many believe,) produced by a varicose condition of the veins, assuredly the horizontal position as being favourable to the return of the venous blood becomes indispensable. If this indication is fulfilled, and the entire part supported by a bandage firmly and evenly applied, I imagine the sore will heal independent of unguents or other applications. In cases of common ulcer, a bandage is used for the purpose of protecting the sore from the contact of extraneous irritating matters—of supplying the want of ordinary clothing, which, perhaps, cannot be employed—and of maintaining the dressing, whatever it may be, in contact with the ulcer; but in the varicose limb, it is absolutely indispensable, and is used for much higher and more important purposes, namely, to support the debilitated vessels and assist the venous circulation; in fact, it is the chief and most material element, for without some such special attention directed to the diseased vessels, the sore can never be made to heal. This is the palliative treatment recommended by Bell and Underwood, rather, I suppose, from the results of practical observation, than deduced from pathological principle, for neither of them dwell with sufficient force on the subject of varix, or assign to it the extensive influence it seems to possess.

But in the classes of society in which sore legs are most prevalent, the ordinary occupations of the patient will not permit him to keep his limb at rest; and even in the higher classes of life, the confinement to bed or to the sofa is so irksome, that few will quietly submit; hence many surgeons have studied to devise means whereby the prejudicial effects of locomotion might be counteracted. Mr. Whately's plan was the application of pressure to the sore, and of a tight and firm bandage to the limb, which is nothing more than that recommended by Bell and Underwood, unless we suppose the compress to be of a more resisting nature, and the bandage to be one that will neither relax nor slip; but in this respect nothing short of the laced stocking, or some similar contrivance will answer the desired purpose. Mr. Baynton advised the application of straps of adhesive plaster to the sore, and to the limb for some distance above and below it, and there can be no doubt but this, when it can be endured, will enable a patient to enjoy some freedom of locomotion during the progress of the cure, but it will delay it, and withal has some other disadvantages. If the adhesive plaster is prepared with resin, as is generally the case in our hospitals, it will certainly hold its position, but it generally proves irritating to the already unhealthy skin, and must, from this cause, be removed—if not, it very soon relaxes its hold and becomes useless. The soap-plaster of the pharmacopœia answers the purpose sufficiently well, but pressure of this description, however effected, occasions swellings of the limb, intense pain after walking, and other inconveniences that render it anything but a desirable mode of treatment, when placed in comparison with confinement in the horizontal posture.

I pass the consideration of various contrivances on the principle of the truss, by which pressure could be maintained on the trunk of the vein by means of a steel spring—such instruments cannot be worn constantly, and, of course, their operation being temporary, can be only palliative. There is no superiority in this mode of treatment over any others already spoken of.

But I have already said, that however cured, the

ulcer has a strong tendency to relapse, and this leads us to the different proposals that have been made with a view to a radical cure. All these, you will at once understand, have been directed immediately to the vein, and yet I am not satisfied that the principle on which they were suggested can be sustained. The remote cause of the varicose ulcer, or rather of its peculiarities, is the diseased condition of the veins—the proximate is the indurated and thickened state of the skin, and I do not see the value of removing the first (if it could be accomplished,) unless the second could be happily dealt with also. As far as our operations have proceeded as yet, we have been enabled to obliterate the vein, and so far disencumbered the circulation of the weight of the antecedent column of the blood, but this has not wrought out the permanent cure of the ulcer, or changed the sensible characters of the diseased limb. I have seen nearly every proposal put in practice—I have tried some of them myself, and whilst all are objectionable from the hazard they entail, I am obliged, by my own observation, to say, that not one is entitled to confidence as a certain means of cure.

The late Sir Everard Home took up and tied the trunk of the saphena vein on the internal side of the leg, just below the knee. The late Mr. Hewson of Dublin, and (I am informed) M. Lisfranc of Paris, recommended and (at least the former,) extensively practised the excision of a portion of the vein from the leg, just at the place where Sir E. Home tied it. The object of both these operations must be the same, the inflammation and obliteration of the vein at this particular spot and the removal of the weight of the column of blood above it: and the risk must be the same, unless we suppose it more dangerous to cut through a vein with a ligature than with a knife, or *vice versa*: I may, therefore, consider them together. I have never seen Home's operation performed,—if ever practised in this country it had fallen into disuse before I could have witnessed it, but I have seen the excision of the vein more than a hundred times and have practised it myself frequently, and I have learned that under confinement the sore will heal as rapidly and as favourably without the operation as with it, and that it does not alter the appearance of the skin or prevent a relapse. But I have learned more. I have seen two cases of death, one from inflammation of the wounded vein, another from erysipelas of the leg, the former in the person of a poor deaf and dumb girl, whose pitiable expression of countenance when she could not give utterance to her complaints, will never be forgotten by any one who witnessed it—the other, the mother of a large and helpless family. But it may be asked—Is not the operation singularly successful when the fatality is so very trifling? I answer yes! if the operation is to be productive of commensurate good, but I have already said that it is not, and wait until any one of you experiences the distress, the absolute misery of witnessing a death from an operation, the success of which could produce so little advantage, and you will agree with me that one death in a thousand of such cases, should prevent any surgeon from presuming to expose a fellow creature to a similar degree of danger.

The present Sir B. Brodie proposed a plan which, although it has fallen into disuse, (at least in this country,) must, nevertheless, be noticed with attention, as being connected with a name so very deservedly eminent. He remarked that in the great majority of cases, a knot or cluster of varicose veins existed in the immediate vicinity of the ulcer, and just above it; and he conceived that, by procuring the obliteration of these, he would remove the pernicious influence of the deranged circulation from the part most directly interested. To effect this he used



a very thin, narrow-bladed bistoury, sharp at the point, and at the edge, which was slightly convex. This he introduced flat-ways, at a little distance from the knot of vessels, passing it across and in front of them, immediately beneath the skin, and then turning the sharp edge of the instrument backwards, he withdrew it, causing it to divide the veins at a single stroke. To this operation it may be objected that its effects are only local, being limited to the vicinity of the ulcer itself, and its design completed when the sore is healed; but it neither obliterates the trunk of the vessel, nor produces the slightest alteration in the diseased and indurated skin, and so is of no use in preventing a recurrence of the ulcer. Now, confinement to bed, with proper attention to dressing, just effects as much, and without any of the perils to which, I fear, this is liable; for, having seen it performed, and having performed it myself frequently, it has in so many instances been followed by inflammation, pain, and constitutional suffering, that, for my own part, I shall never be induced to make trial of it again.

In 1836, a proposal was made by Bonnet, chief surgeon to the Hotel Dieu of Lyons, of treating varicose veins by introducing pins through their cavities, and allowing them to remain there some time. The object of this practice must be to cause inflammation, which is effected partly by the irritating pressure of these foreign bodies, and partly by a certain degree of compression, produced by twisting upwards the points and heads of the pins, so as to give them a circular direction. At the time his paper on the subject was published, he had successfully treated nine out of eleven cases of varicose veins in this manner; and if he had had ten times the number of cases, perhaps the same result might have been told of all, so far as the inflammation and consequent obliteration of the veins were concerned. But I think the same objections hold to this plan of treatment that I advanced with respect to every other. Doubtless, it or any of the others will obliterate the vein, and for the time promote the healing of the ulcer, and the vast majority of the subjects operated upon will either not be visited with venous inflammation, or may escape its consequences; but this will not change the spoiled condition of the integuments of the leg, and therefore the benefit is only temporary. I have never adopted this practise myself, and therefore can only reason on it theoretically; neither am I disposed to do so, for I cannot consider a surgeon justifiable in placing his patient's life in jeopardy, where the benefit to be ultimately derived is so extremely questionable.

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

FEBRUARY 15, 1840.

MR. ADAMS in the chair.

Dr. BELLINGHAM said, I am anxious to bring the following case before the Surgical Society, as it illustrates, very remarkably, the power which mercury possesses, when carried to the extent of salivation, of cutting short hip-joint disease in its early stage; and also, because it resembles, in several particulars, the first case in which Dr. O'Beirne tried this remedy; the particulars of which were communicated, originally, to this society, and, subsequently, appeared in the fifth volume of the *Dublin Medical Journal* :—

Catherine Gibbon, aged 12, admitted into St. Vincent's Hospital, January 23, 1840, labouring under morbus coxæ on left side; she is not a very healthy looking girl—her countenance is pale—her skin thin and clear, and her eyes blue.

She limps, and suffers severe pain in walking, which is referred to left hip and knee; the limb appears to be longer than the other; the knee is slightly flexed and advanced forwards, and she rests only the toes upon the ground. The nates on that side have lost their usual convexity, and are flattened.

She complains of considerable pain when pressures are made upon the great trochanter, or when the head of the femur is pressed, even slightly, against the acetabulum.

She says she had been always healthy, until about a fortnight ago, when she was attacked with pain in left hip extending to knee; says it came on without any cause—never received an injury in the part—has been unable to walk without limping, and suffering pain since—was able to run about before that time.

She suffers from pain, principally at night, which prevents her sleeping; and she has lost flesh and appetite.

Ordered: to be cupped behind the great trochanter to 3iv., and to remain in bed.

24th.—Pain diminished—slept better last night.

R. Calomelanos grana duc.

Pulv. opii. quartam partem grani.

3tia. quæque horâ sumend. forma pilulæ.

25th.—Has taken 12 grs. of calomel—slept well—pain entirely gone.

27th.—Has now taken 32 grs. of calomel—was purged four times yesterday without griping—has no pain in hip—gums tender.

Cont. pil. 6tâ quæque horâ.

28th.—Mouth running a good deal—bowels moved twice yesterday—no pain at all in hip or knee.

Gargarisma aluminis.

Sumat: pilulam nocte manequæ.

29th.—Mouth very sore.

Discont. pilulæ.

30th.—No pain since—mouth still very sore.

R. Sulphatis magnesiae, 3iv.

Aquæ menth. pip., 3iiss.

Ft. haust. statim sumendus.

Cont. gargarisma.

31st.—She told me that she got up yesterday, and was able to walk without limping or suffering pain.

To remain in bed.

February 5th.—Her mouth continues sore—saw her walk to-day, which she did without limping—pressed the head of femur against the acetabulum without her feeling it—the deformity has disappeared—the limb is of the same length as the other—the transverse fold of the nates is on the same plane upon both sides—the flattening of the nates has disappeared—says she has no pain, and wishes to be allowed to get up.

To remain in bed.

8th.—Mouth not quite well yet—appetite has returned—no pain felt on pressing the head of femur against the acetabulum—says she is quite well.

10th.—Has remained in bed since—mouth nearly well.

14th.—Is quite well—has continued in the horizontal position—her appetite is good—there is not the slightest deformity observable upon a careful examination, and she does not feel the slightest pain when the head of the femur is pressed firmly against the acetabulum.

This patient remained in hospital until the 23d of February, exactly a month from the day of her admission, when she was discharged, perfectly well, but with the recommendation not to exercise the limb much for ten days or a fortnight.

For the introduction of the practice of rapidly mercu- rualizing the system in the early stage of morbus coxæ—for proving its safety—and for demonstrating



its superiority over the former methods of treatment—the profession is altogether indebted, I need hardly observe, to our talented fellow-countryman, Doctor O'Beirne; and, indeed, if I had no further evidence than this single case, I would almost venture to say, that if the mercurial plan of treatment was resorted to sufficiently early, its beneficial effects would be soon apparent in the great majority of cases of a similar description.

The symptoms of the first stage of morbus coxae were so characteristic in this patient, upon her admission, that I almost disbelieved her friends when they stated that she had been able to run about a fortnight previous to their applying to the hospital. It was as well marked a case as I had ever seen of the disease; and, when we contrast the happy effects produced by the administration of mercury in this patient, with the result of former methods of treatment, in similar cases, which too frequently ended either in permanent deformity or in loss of life, we must allow it to be an important improvement; and we must acknowledge that the profession is under very considerable obligations to Dr. O'Beirne, for having, I might almost say, placed such a powerful resource in our hands. From the rapidity with which the symptoms yielded, and from the known specific effects of mercury upon membranous inflammation, I am inclined to think that hip-joint disease may commence as inflammation of the synovial membrane covering the articular cartilages, and this appears to be the view which Mr. Carmichael takes of it. If the cartilage, lining the acetabulum, or covering the head of the femur, were the primary seat of the disease, it appears to me to be unlikely that the progress of the complaint could be so readily and so quickly arrested by internal remedies.

Since Dr. O'Beirne's communication appeared, several cases have been published in the medical journals, in which his practice has been followed with advantage. Lisfranc tried it upon an extensive scale at La Pitié; and as the French surgeons are not in general over anxious to acknowledge their obligations to British surgery, and are frequently slow in adopting their improvements, his opinion upon the subject is entitled to considerable weight.

In the *Gazette Medicale* for the year 1835, he has given the details of several cases of disease of the knee and ankle joints, which he treated upon Dr. O'Beirne's plan, with the effect of completely relieving the nocturnal pains, dissipating the inflammatory symptoms, and shortening the treatment.

"The salivation once set in, (says Lisfranc,) the pain disappears as if by magic, and this, perhaps, is one of the therapeutic methods in which the relation of cause and effect, between the remedy administered and its results, is the most incontestible, on account of the rapidity and constancy with which this result is manifested."

"If we compare (he continues,) this new method with the old, we must confess that, in acute cases, it produces immense advantages; the incessant pains, and the irritability of the tumor, which required often four, six, or even ten months to dissipate, here yield in a few days, and do not return. The patients are also spared the loss of strength, produced by frequent sanguinous emissions; finally, the latter frequently fail to relieve the patient from the pain which keeps him constantly awake; and, hitherto, the calomel has constantly succeeded. In one patient, the pain was intolerable, and resisted every means—salivation brought on in a few days dissipated it instantaneously, with every other inflammatory symptom."

Dr. O'BEIRNE said he should be guilty of affectation, if he did not express candidly the pleasure he felt on this occasion; in the first place, on seeing a

public confirmation of the value of the practice alluded to—and, in the next place, in receiving the kind support of Dr. Bellingham's testimony. Notwithstanding the success of the practice in the hands of Lisfranc, of Mr. Carmichael, and of Sir Philip Crampton, who speak of it in the highest terms, it is still, comparatively speaking, little known in England. He received very lately a letter from a friend in Gloucestershire, in which he mentioned the success of the plan in two cases, but observed that it was quite unknown there, and had excited the surprise of his colleagues. It was known to a few persons in London, but the practice was by no means general; and it was on this account he felt so much indebted to Dr. Bellingham for the additional publicity he had given to it, by bringing it before the society. He would beg leave to offer a few observations on the subject before he concluded. There were some points of difference between himself and Lisfranc. It was some time since Dr. O'Beirne had read five lectures of his published in the *Gazette Medicale*, in one of which he considers it rather extraordinary that Dr. O'Beirne should have succeeded without counter-irritation, particularly in affections of the knee-joint. On another occasion he should take an opportunity of replying to M. Lisfranc's objections, and would merely observe, for the present, that many of the cases that M. Lisfranc had treated as ulceration of the cartilages were nothing more than rheumatic affections of the joints. With respect to the original seat of the disease, there appeared to be a difference of opinion between Mr. Carmichael, Dr. Bellingham, and himself. He thought that the synovial membrane and the cartilage might be simultaneously affected, and that, in all cases, he believed the cartilage was always and primarily affected, and in many instances without synovitis. It might appear extraordinary to say that the disease could commence in the cartilage without any affection of the synovial membrane, but he was one of those who professed that opinion, and in this he was borne out by pathology, the practical opinion of Sir B. Brodie, and the theory of Mr. Key. With respect to the treatment, Dr. O'Beirne said he seldom or never applied leeches or cupping glasses: he trusted to the use of mercury, and when a decided effect on the mouth was produced, he applied blisters behind the trochanter. He also kept the patient three or four weeks at rest in the horizontal posture, and gave him half a pint to a pint of the compound infusion of sarsaparilla daily, with full diet.

Professor PORTER said he had not heard the entire of Dr. Bellingham's case, and it did not, perhaps, become him to stand up to make any comments on it; but he thought it was necessary to have an accurate pathological notion of the nature of the disease. He wished to know something of the origin of the complaint in this case, and whether it commenced as synovitis or as ulceration of the cartilage. For his own part he had no doubt that mercury possessed a singular efficacy in synovitis: it had been tried in such cases at the Meath Hospital with success, and no one was more anxious than he was to bear testimony to the merits of Dr. O'Beirne's plan of treatment. Dr. O'Beirne, however, had asserted that ulceration of the cartilages was the primary affection, and that in such cases mercury was as effectual as in cases of synovitis. Now, he begged leave to state that this did not agree with their experience at the Meath Hospital: for in cases accompanied by ulceration of the cartilage, mercury had not proved so decidedly beneficial. He agreed with Dr. O'Beirne that counter-irritation was not called for in the early stage of the disease, but differed from him as to the benefit likely to be derived from mercury where there was ulceration of the cartilages.



He had at that time a severe case of ulcerated cartilage in a young female, who had been subjected to a course of mercury without any benefit; indeed, he thought she had been made worse by it. With respect to the origin of the disease, Dr. O'Beirne had referred to Mr. Key's opinion, as corroborating his own. If he understood Mr. Key aright, his opinions were rather opposed to those of Dr. O'Beirne. In reference to the vascular tufts observed on the synovial membrane, and which are supposed to be the cause of the absorption of the cartilage, Mr. Key seems to support the opinion that the disease originates in synovitis, and not in ulceration of the cartilages. It would be of great advantage that practitioners should have correct ideas on the subject, and know whether the synovial inflammation was primary or secondary.

Dr. O'BEIRNE observed that Professor Porter had denied the curative powers of mercury in cases where there was ulceration of the cartilages, and according to him there were two kinds of hip disease, one consisting in synovitis, another in ulceration of the cartilage. If there be two kinds, what are the diagnostic signs in each?

Professor PORTER—I said we had good evidence to shew that it was successful in synovitis, but that it was not so beneficial where there was ulceration of the cartilages.

Dr. O'BEIRNE said that he was of the same opinion as Sir B. Brodie, who stated that there was ulceration of the cartilages in every case of hip-joint disease. Synovitis might occur without pain; or, if there was pain, it was not exacerbated at night; but in hip-joint disease there was invariably severe pain when the articular surfaces were pressed together, and that pain was subject to great nocturnal exacerbations. After all, however, the question at issue was one which could not be decided by ocular evidence. Neither can we infer that the synovial membrane has been primarily affected, because we find marks of synovitis after death. The fringes or venous tufts found on the synovial membrane, it was true, afforded evidence of morbid action, but Dr. O'Beirne was not, on this account, disposed to admit that the whole sheet of the synovial membrane was engaged, or in a state of inflammation. The two principal symptoms of hip-joint disease, characteristic of ulceration of the cartilages, were, pain produced by pressing the articular surfaces into contact, and greatly increased pain at night, and these symptoms had been present in cases treated with mercury.

Professor PORTER said that Dr. O'Beirne had adduced no proof of ulceration of the cartilages in the case under consideration.

The CHAIRMAN said he believed, according to Dr. Bellingham's statement, there were nocturnal pains, and pains in bringing the articular surfaces into contact.

Professor PORTER—But surely Dr. O'Beirne does not mean to say, that pressing or rubbing an inflamed synovial membrane against another, will not cause pain?

Dr. O'BEIRNE—You cannot rub the surfaces against each other; for the effusion into the joint will prevent it.

Professor PORTER—Here again we are at issue. I wish we could arrange this matter satisfactorily, in a pathological point of view, and say in what cases mercury would be really beneficial; for we have evidence to show that in ulceration of cartilages, mercury is not so valuable as in cases of synovitis.

Dr. O'BEIRNE—You will not deny that there is ulceration of the cartilage in hip-joint disease? You say, how are we to know when it is present? I ask you, are there nocturnal pains in pure synovitis?

Professor PORTER—If it be at all connected with a venereal taint in the constitution.

Dr. O'BEIRNE—We are not now discussing a case or a disease connected with a venereal taint.

The CHAIRMAN observed that he thought the use of mercury advantageous in synovial inflammation, but Dr. O'Beirne thought it might be employed in all cases of hip-joint disease. The question to determine was whether mercury was as valuable in chronic ulceration of the cartilages, as in cases of serofulous inflammation, in which Dr. O'Beirne had employed it with success.

Dr. BELLINGHAM observed, that with respect to pain in cases of morbus coxae, it was often more intense at the knee than at the hip, and he considered the circumstance of pain being felt at a part remote from the actual seat of the disease, as being also a diagnostic mark of affection of the cartilage, although not mentioned by either Professor Porter or Dr. O'Beirne. He was sorry Professor Porter was not present when the case was read.

The CHAIRMAN observed, that with respect to the treatment of morbus coxae, the late Mr. Macnamara had employed calomel and opium.

Dr. O'BEIRNE said Mr. Macnamara was present when he first communicated his mode of treatment to the society, but did not make any observation on the occasion.

The CHAIRMAN said he believed Mr. Macnamara did not give calomel and opium so as to produce salivation.

Professor PORTER said the credit of an improvement in practice was due, not to the person who first introduced it, but to him who brought it to a state of perfection. He was quite certain that Mr. Richards had employed mercury.

Dr. HUSTON said that Dr. O'Beirne had the merit of having first published this mode of treatment, but he believed he was not the first that introduced it. He had notes of a clinical lecture delivered several years back by Mr. Colles, in Steeven's Hospital, in which he recommended the use of mercury in acute synovitis, and stated that if it did not produce the desired effect at once, it should be given up. At the same time, he was quite willing to admit that Dr. O'Beirne had the merit of having brought it first publicly before the profession. With respect to the pathology of the disease, he differed from Dr. O'Beirne. He did not think it impossible that the disease might commence in ulceration of the cartilages, but he believed it to be extremely rare: indeed, where it is acute in its course, the two affections are necessarily combined. He believed that nineteen out of twenty cases of morbus coxae commenced in synovitis—that the case brought forward by Dr. Bellingham was one of synovitis, and that it was on this account the mercury had proved so efficacious. If it were synovitis, with ulceration of the cartilages, the treatment pursued might be beneficial for the former, but he doubted whether it would be so good for the latter. In serofulous inflammation of the hip joint, he thought the character of the disease made a great deal of difference with respect to treatment. Where the disease was very acute and likely to run on rapidly to abscess, he thought mercury might be employed with advantage; but he had not the same confidence in its powers where it began as a slow and chronic affection. He questioned much, although he had no positive fact to state to the contrary, whether mercury could be useful in the latter case; but he was quite ready to admit its value in synovitis, provided there was nothing in the patient's constitution to contra-indicate its employment.

Dr. GEOGHEGAN said that before the question as to treatment could be decided, it would be necessary to



ascertain whether there were any diagnostic marks of ulceration of the cartilages. Dr. O'Beirne had enumerated those marks, but they were rejected, yet none others were offered in their place.

Dr. O'BEIRNE said that with respect to Mr. Colles's claims to the merit of having introduced the mercurial treatment, they had been unsuccessfully urged before at a meeting of the society. It did not appear that he had ever used mercury in hip-joint disease. He (Dr. O'B.) had attended Mr. Colles's lectures from 1805 to 1810, and had never heard him speak of the practice alluded to. From 1819 to 1834, when he published on the subject, he had often met Mr. C. in consultation on cases of morbus coxæ, and never had known him to advise the use of mercury. Mr. Colles had never to that moment laid claim to it, if he had any, he would have come forward and asserted it, and until he did so, he (Dr. O'B.) would take no further notice of such a claim. He was glad to find that so many claimants were in the field, but there was something extraordinary in their being brought forward after such a number of years, and just when the practice was found so effectual. But to put an end to all such claims, he had only to refer to one of the main principles on which he had used mercury in this disease, for that principle is admitted to be both sound and original. In addition to what had dropped from Dr. Geoghegan, he would refer to facts, and begged that gentlemen would refer to their museums. In the bones of persons who have laboured under hip-joint disease, they will find the points where ulceration of the cartilage had existed, marked by a porcellaneous deposit. Gentlemen might doubt his opinions, but they were also the opinions of one who had written by far the best work on the subject—Sir B. Brodie.

The CHAIRMAN thought that in the work alluded to, Sir B. Brodie had given his opinion dogmatically. As to the treatment, there was no doubt that the merit of it belonged to Dr. O'B.—and as to the principles of the treatment, two physicians of this city had acted upon one of them, by using rapid mercurialization for the discussion of incipient pulmonary tubercles.

Mr. HAMILTON said he wished to mention the results of two cases as they proved the remarkable efficacy of Dr. O'Beirne's plan of treatment. One of these was certainly a case of scrofulous disease of the joint, that is that peculiar affection of the hip-joint which commences in the bone, and afterwards extends to other structures. The first case was that of a young lady who, without any known cause, was observed to walk lame. Fourteen days afterwards she was seen by Sir P. Crampton, and exhibited all the symptoms of morbus coxæ. Under the use of cupping, mercury, and blisters, the disease soon gave way and she recovered completely. Perhaps this might be regarded as a case of synovitis, for, with the exception of slight uneasiness and stiffness in the joint, accompanied by elongation of the limb and some pain at the knee, she did not appear to suffer much. The case, however, had made its appearance in a very insidious manner, and without any marked symptoms of acute synovitis. The other case was that of a boy, living on Summer-hill: when seen by Mr. Hamilton, he had flattening of the nates—fullness of the groin—elongation of the limb—pain on pressing the articular surfaces of the joint together—and pain at the knee. He was treated with mercury and blisters, and recovered in two months. He is at present quite well, but there is shortening of the affected limb to the extent of half an inch. Mr. Hamilton thought the bone was the original seat of the disease in this case, and that there must have been some destruction of the bone and cartilage, to account for the shortening.

Dr. BENSON said he wished to read a short com-

munication from a gentleman residing in the country, Mr. Gray, of Galway. It related to a very ingenious contrivance for reducing dislocations of the shoulder-joint, and was accompanied by an illustrative drawing. It consisted of a shield formed of strong sheet iron, and adapted to the side, so as to make the requisite counter-extension. The remaining portion consisted of a bar of iron 26 inches long, of which the last four inches stood at right angles to the rest, and permitted a screw to pass through, near to its extremity. The arm rests on the bar, which can be moved in every direction by means of a ball and socket joint connected with the shield. Extension is effected by a bandage passed round the arm above the elbow, and then attached to a hook on the end of the screw which passes through the perpendicular part of the bar, and is moved by a nut. The advantages of the apparatus were, that while any degree of extension and counter-extension could be made, the arm may be moved in every direction. The inventor had employed it with success in cases of dislocation of the shoulder-joint, some of which were of considerable standing, and thought that with some modifications it might be applied to dislocations of the hip-joint.

Several members praised the ingenuity of the contrivance, and examined the drawings of the apparatus with much interest.

Dr. BENSON said that before the meeting separated he would briefly relate the case of a man named Hugh Kennedy, who had died lately in the City of Dublin Hospital. On examination after death, phenomena of rather unusual occurrence were observed. On opening the cranium a large quantity of serous fluid was found between the dura mater and the upper surface of the brain, enclosed in the sac of the arachnoid membrane. There was no fluid in the ventricles, and the brain was quite healthy throughout. The man was a labourer about 46 years of age. The occurrence of an hydrocephalus limited to the surface of the brain, Dr. Benson thought to be unusual at this period of life. He had no paralysis nor any of the usual symptoms of hydrocephalus with the exception of a degree of stupor or lethargic drowsiness for the space of four or five weeks before death. He had a bloated look and a considerable degree of turgescence of the veins of the neck, face, and head, but no œdema any where, and no extraordinary pulsation of the carotid or temporal arteries. All his motions were languid, and he spoke slowly but rationally, and seemed to have the full enjoyment of his senses. The bowels and kidneys acted regularly. He never complained of pain in the head, nor had he any tenderness when pressure was made over the scalp. The case was first looked upon as one of simple venous congestion, and treated as such with cupping at the back of the neck, blisters, enemata, and sinapisms to the calves of the legs. After some time a degree of reaction took place, followed by cerebral excitement, and then his head was shaved and leeches applied. After some time he again fell into a kind of stupor, with mental aberration, and refused to take either food or medicine. He thought there was a conspiracy to poison him, and would eat nothing when offered, but he used to get up at night and steal a portion of the food given to the patients in the same ward. It was then ascertained that he had, some months before, received a severe contusion of the head, and Dr. Benson thought it necessary to put him under the influence of mercury, suspecting organic disease of the brain or its coverings. This was done by means of friction. After some time diarrhœa set in, and went on in spite of every remedy, until he sank from exhaustion. He never had convulsions, except a very slight attack before his death, which was so little ap-



parent, that the nurse termed it "an internal convulsion." After death the thoracic viscera were found healthy, and there was nothing remarkable in those of the abdomen, with the exception of increased vascularity of the mucous membrane of the intestines. The chief thing observed was the alteration already alluded to; viz.: an effusion of serum into the arachnoid sac on the surface of the brain, but not into the ventricles. Besides this, there was no affection of the brain or its membranes, and the arachnoid was quite transparent.

Dr. Houston said the case detailed by Dr. Benson, reminded him of a preparation in the museum, which he looked upon as unique. On removing the skull of a subject brought into the dissecting-room, a bag of clear serous fluid about four or five inches in length, and about three and a half in breadth, was found in the upper surface of the brain. It was of an oblong shape, and attached by its four corners to the under surface of the dura mater, but there was no mark of disease about it or in the membrane to which it was attached. It was so full, that it had made a depression on the surface of the brain. It was a variety of external hydrocephalus of a very peculiar nature, and was in all probability congenital. The man appeared well formed and healthy in every other respect, and there was nothing abnormal in the brain itself, except the compression of its surface.

The CHAIRMAN said he had seen several cases of serous sacs on the surface of the brain, accompanied by remarkable atrophy of one of its hemispheres and generally attended with a contracted state of the hand of one side. Some cases of this description have been detailed by Cruveilhier; but he thought the interesting case brought forward by Dr. Benson differed from those as well as from Christison's.

Meeting adjourned.

#### CASE OF HÆMORRHAGE FROM THE EAR.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Thinking that the following case, which I received a few days ago from a highly intelligent and successful practitioner, Mr. Leeper, of Clogher, in the county Tyrone, would be interesting to the readers of your valuable Journal, both on account of its novelty, and, in my opinion, the difficulty of perfectly ascertaining its cause, I hope you will be good enough to insert it.—Your obliged,

R. MALCOMSON.

Mr. Leeper writes thus:—"I was called, a few nights ago, to attend a man under the following circumstances:—He had been awake in the night by something wet trickling down his face. On awaking his wife, she found him drenched with blood, and it pouring rapidly from his right ear. When I arrived, he was fainting from loss of blood, and the quantity lost was most appalling. He did not complain of any pain in the ear, but said he had felt a throbbing in it for the previous fortnight. He had also, about four months ago, severe inflammation of the eye, which ended in its destruction, notwithstanding the use of the most active measures—as mercury, bleeding from the temporal artery, &c. Ever since this period he has had severe headache, particularly in the right side of his head, but his hearing remained perfect. The hæmorrhage ceased on his fainting, and I left a pledget of lint, directing it to be dipped in the compound tincture of benzoin, and spirits of turpentine, and inserted into the meatus, provided the hæmorrhage returned, and that sufficient pressure should be used to prevent the escape of the blood. The bleeding did return on two occasions, and was arrested by

these means. On the third occasion, however, while making the same applications, the temporal artery burst at the spot where he had been bled in it, four months before, for the inflammation of the eye, and which was now perfectly cicatrized. I was called afresh, and found him faint and exceedingly reduced by the excessive loss of blood. The ordinary bandage upon the temple, with a pad of the course on the artery, again arrested the hæmorrhage, which had left him now nearly bloodless, his pulse being exceedingly small, quick, and easily compressed. The rupture on the artery proved very averse to healing, and seemed disposed to let out the few remaining drops circulating in his system—this being probably occasioned by the reparative powers of the constitution having been overcome by the excessive loss of blood. However, on my applying nitrate of silver to the wound, which had a very unhealthy appearance, an eschar formed, under which the part healed. A large quantity of matter was also discharged freely from the internal ear through the meatus auditorius externus. My patient being in this weak state, I early commenced the supporting system, allowing him light food, as sago, arrow-root, beef-tea, together with small quantities of wine, and, I am happy to say, with the very best effects, as he daily gained strength, and I hope will soon be completely recovered."

Mr. Leeper concludes by asking—"Was it inflammation, preceding the formation of matter, which produced either increased action or congestion in the vessels, so as to account for hæmorrhage from the ear?" And again—"How can we account for the force of the circulation, in a man so exceedingly reduced, forcing open a cicatrix of four months standing?"

Now, in answering these questions, and particularly the first, I think it would have materially assisted, had it been possible, to have perfectly ascertained whether the blood was arterial or venous.

One of three causes, I think, may be assigned for the hæmorrhage:—

1st. The supposition which the gentleman who attended the case, makes, viz., that inflammation had been going on for some time, which had occasioned such congestion of the small vessels of the ear, as to produce laceration of them, and consequent flow of blood into the tympanum, which made its way through the membrana tympani, and so externally.

2dly. It must be known to every one acquainted with the anatomy of these parts; that the internal carotid artery passes along the side of the tympanum, separated only from it by a thin lamina of bone, often cribriform in the young, and sometimes wanting in the old. Now, the coats of this artery may have been diseased in this situation, causing it to give way, the blood passing into the tympanum, and so through the membrana tympani, as in the preceding supposed case.

3dly. Anatomy may teach us the possibility, at least, of another cause. As the lateral sinus grooves deeply the internal surface of the mastoid portion of the temporal bone, so that if a slight absorption of this portion of bone should occur, the blood would make its way through the mastoid cells into the tympanum, and so, externally, as in the foregoing cases.

The uneasiness in the organ, preceding the hæmorrhage, and the suppuration following it, adds a great deal of weight to the first supposition; while, on the other hand, as I have before hinted, the fact of the temporal artery bursting, at the time of the pressure on the meatus externus, would go to favour the second conjecture. The rationale being, that from the effects of inflammation, or some form of disease the blood was prevented from passing up to the brain; and when hindered, in its new-found path, through the ear, by the pressure applied externally, a larger



quantity had necessarily to circulate through the external carotid, thus producing laceration of the cicatrix.

As to the third conjecture, I know of nothing that can be brought forward in favour of it, except its pos-

sibility, owing to the anatomical construction of the parts; and as to whether any of these conjectures are true, and if not, what is the true solution, I shall leave to the numerous and intelligent readers of the MEDICAL PRESS.

REPORT OF DISEASES TREATED IN THE HOLYWOOD DISPENSARY, DURING THE YEAR 1839.

DISEASES.	Total.	Cured.	Relieved.	Remain- ing.	Died.	DISEASES.	Total.	Cured.	Relieved.	Remain- ing.	Died.
Abortion, ... ..	1	1	0	0	0	<i>Brought forward,</i> ...	885	832	22	16	15
Abscess, ... ..	3	3	0	0	0	Herpes, ... ..	11	10	1	0	0
Accidents, serious,...	2	2	0	0	0	Hernia, umbilical,...	1	0	0	0	1
Amenorrhœa, ... ..	3	3	0	0	0	Hysteria, ... ..	14	14	0	0	0
Aphthæ, ... ..	1	1	0	0	0	Inflammatory diseases,...	92	86	0	3	3
Ascarides, ... ..	21	21	0	0	0	Jaundice, ... ..	2	2	0	0	0
Asthma, ... ..	1	1	0	0	0	Leucorrhœa, ... ..	3	2	1	0	0
Armfall, ... ..	5	5	0	0	0	Liver, diseased, ... ..	7	5	2	0	0
Blebs, ... ..	1	1	0	0	0	Lumbago, ... ..	12	12	0	0	0
Boils, ... ..	33	33	0	0	0	Lumbrici, ... ..	3	3	0	0	0
Burns, ... ..	20	19	0	0	1	Melancholia, ... ..	2	1	0	1	0
Bursa Mucosa, diseased,...	1	1	0	0	0	Measles, ... ..	7	7	0	0	0
Bruises, ... ..	35	35	0	0	0	Menorrhagia, ... ..	3	3	0	0	0
Bunion, ... ..	3	2	1	0	0	Morbus pedicularis,...	11	4	7	0	0
Cancer, ... ..	3	2	0	1	0	Mortification of toes, ...	1	1	0	0	0
Carbuncle, ... ..	3	3	0	0	0	Necrosis, ... ..	2	0	0	2	0
Cardialgia, ... ..	31	30	1	0	0	Neuralgia, ... ..	7	7	0	0	0
Catarrhus Senilis,...	17	9	3	1	4	Mumps, ... ..	3	3	0	0	0
Chickenpox, ... ..	1	1	0	0	0	Cedema, ... ..	3	2	1	0	0
Chops, ... ..	1	1	0	0	0	Pains, severe, ... ..	6	6	0	0	0
Cephalalgia, ... ..	12	10	2	0	0	Paralysis, ... ..	2	0	0	0	2
Cerebral Congestion, ...	1	1	0	0	0	Phymosis infantilis, ...	1	1	0	0	0
Chilblains, ... ..	33	30	0	3	0	Perforation of Stomach,...	1	0	0	0	1
Chlorosis, ... ..	3	3	0	0	0	Prolapsus Ani, ... ..	9	9	0	0	0
Cholera, ... ..	2	2	0	0	0	Do. Uteri, ... ..	3	1	2	0	0
Colick, ... ..	15	15	0	0	0	Psora, ... ..	136	132	0	4	0
Convulsions, ... ..	3	3	0	0	0	Pyrosis, ... ..	5	5	0	0	0
Concussion of brain, ...	1	1	0	0	0	Quinsy, ... ..	7	7	0	0	0
Cough, ... ..	114	112	0	2	0	Retention of Urine, ...	1	0	1	0	0
Consumption, ... ..	8	0	0	2	6	Rheumatism, ... ..	101	96	2	3	0
Constipation, ... ..	23	20	3	0	0	Schirrus Pylorus, ... ..	1	0	0	1	0
Croup, ... ..	1	1	0	0	0	Spasms, ... ..	3	3	0	0	0
Deafness, ... ..	7	3	4	0	0	Sprains, ... ..	8	8	0	0	0
Delirium Tremens, ...	1	1	0	0	0	Scarlatina, ... ..	21	21	0	0	0
Diabetes, ... ..	1	0	0	0	1	Scrofula, ... ..	9	5	4	0	0
Diarrhœa, ... ..	94	94	0	0	0	Small Pox, ... ..	2	2	0	0	0
Dislocation, Compound,...	1	1	0	0	0	Spitting of Blood, ...	1	1	0	0	0
Dropsy, ... ..	5	3	2	0	0	Spleen, disease of, ...	1	0	0	0	1
Dysentery, ... ..	14	14	0	0	0	Sprains, ... ..	9	9	0	0	0
Dysmenorrhœa, ... ..	1	1	0	0	0	Suckling, protracted fe- ver from, ... ..	1	1	0	0	0
Dyspepsia, ... ..	61	57	4	0	0	Suppurations, ... ..	6	6	0	0	0
Dyspnœa from teething,...	5	5	0	0	0	Tænia, ... ..	2	2	0	0	0
Dysuria, ... ..	4	3	0	1	0	Teething Fever, ... ..	23	23	0	0	0
Earhive, ... ..	2	2	0	0	0	Toothache, ... ..	52	52	0	0	0
Erysipelas, ... ..	5	5	0	0	0	Tinea, ... ..	2	1	0	1	0
Erythema, ... ..	1	1	0	0	0	Tongue tied, ... ..	2	2	0	0	0
Excoriations, severe, ...	4	4	0	0	0	Ulcers, ... ..	18	16	0	2	0
Fainting Fits, ... ..	2	2	0	0	0	Urticaria, ... ..	6	6	0	0	0
Febrile colds, ... ..	171	171	0	0	0	Vertigo, ... ..	6	4	2	0	0
Fever, Ephemeral, ... ..	2	2	0	0	0	Vomiting, bilious, ...	14	14	0	0	0
Fever, continued (conta.)	57	50	0	4	3	Vomiting blood, ... ..	2	1	0	0	1
Fever, bilious, ... ..	2	2	0	0	0	Wisdom Tooth, inflam- mation of cheek from,...	1	1	0	0	0
Do. puerperal, ... ..	2	2	0	0	0	Warts, very large, ...	2	2	0	0	0
Do. remittent, ... ..	18	16	0	2	0	Whitlow, ... ..	2	2	0	0	0
Fractures, ... ..	12	10	2	0	0	Wounds, ... ..	23	23	0	0	0
Gumboil, ... ..	3	3	0	0	0						
Hæmorrhoids, ... ..	8	8	0	0	0						
<i>Carry forward,</i> ...	885	832	22	16	15	<b>TOTAL,</b> ... ..	1558	1456	45	33	24

Number of prescriptions dispensed during the year, 4416.



The accidents were—1st, a compound dislocation of the right ankle joint in a man, who fell about 20 feet down “the face of a quarry,” with a crow-bar in his hands. The lacerated wound was five inches long; the ligaments on the outer side of the joint completely separated, and the foot so much turned in, that the inner ankle protruded beyond the foot, and a portion of the cartilage was removed by coming against a stone. A portion of the astragalus required to be removed by Heys’ saw, before reduction could be completed; there is some motion in the joint, and the patient has a useful foot.—The second was a wound of the eye-ball, which occurred when a number of children were at play, by one throwing a sharp piece of broken delf at another. A portion of the iris protruded through the wound, which was touched every third day with a pencil of caustic. The eye is free from pain, and retains its shape, though blind.—The name “Armfall” is the popular and appropriate one for inability to raise the arm, arising from rheumatism of the deltoid muscle. The successful treatment consisted of repeated blisters, or Tartar Emetic plasters, with Colehicum, and small repeated doses of Calomel or Blue Pill.—One cancerous breast, and one cancerous lip were removed, which, with the excision of a portion of the astragalus as above, were the only operations of consequence during the year.—Of the three fatal cases under the head Inflammatory diseases, there were two of Pneumonia, and one of Inflammation of the Heart, a consequence of Scarlatina.—Perforation of the Stomach was the cause of sudden death in one of the cases of Fever.

Hollywood Dispensary, 1st January, 1840.

R. O. M’KITTRICK, Surgeon.

#### OBSERVATIONS ON OXYMEL ÆRUGINIS OF THE PHARMACOPŒIAS;

(FORMERLY MEL ÆGYPTIACUM;) ITS TOTAL INERTNESS; AND ON A METHOD OF RENDERING IT ENERGETIC.—BY M. DONOVAN, ESQ.

This preparation has been, and still is, a favourite with many. The character given of it is that it is stimulant and escharotic; that it is active in removing fungous flesh; and that it is an excellent detergent for venereal ulcers in the throat.

The influence of imagination is, no doubt, very great in medicine, as in all other branches of knowledge. It was known that verdigris is an escharotic; that verdigris is used for preparing the oxymel æruginis; and, *ergo*, oxymel æruginis must be an escharotic. I have heard of surprising effects produced by this preparation; indeed, I thought them very surprising, knowing, as I did, that there is no escharotic ingredient present in it; that, in forming it, the constitution of the acetate of copper is totally subverted, and all the copper removed; that oxymel æruginis is merely a mixture of vinegar and honey; and that we need not entertain any of those apprehensions, expressed by some writers, concerning the dangerous consequences which may result from its being incautiously swallowed, when used as a gargle.

In commenting on this preparation, during my lectures, delivered, many years since, at Apothecaries’ Hall, when I was Professor of Materia Medica at that establishment, I stated that when honey and the acidulous acetate of copper are mixed in the cold, no action results; but that when the mixture is boiled, the acetate of copper is decomposed, and the copper precipitated, in the metallic state, in the form of a red fine powder. Subsequent experiments, made by others, have proved that I was right. Oxymel æruginis, thus prepared, has no taste of copper, and none of the qualities of a cupreous solution.

Amongst other trials, I unsuccessfully endeavoured to discover traces of copper in it by means of ammonia: but, as the application of this test was liable to objection, in consequence of the deep colour of the oxymel, I made the following experiment:—

A quantity of filtered oxymel æruginis was boiled to dryness, and the residual mass incinerated, and lixiviated with liquid ammonia. The liquid did not acquire any blue tint, although copper, even in the metallic state, if finely divided, as it must have been, were it present, would have produced this effect. It is true that when oxymel æruginis is newly prepared, the copper, although reduced to the metallic state, is so minutely divided, that it floats, imperceptibly, in the viscid liquor, and would then give evidence of its presence, if the preparation were submitted to an experiment similar to the above. But, if time, sufficient for the total subsidence of the reddish powder, (which

is metallic copper,) be allowed, the results will be as above described.

The name, oxymel æruginis is, therefore, an utter misnomer, as there is no ærugo æris present in the mixture, nor, indeed, any other ingredient beyond honey and vinegar.

It is easy, however, to prepare a true oxymel æruginis, one possessed of escharotic powers, mild or powerful, as we please, certain in its effects, and always of the same strength. The process is as follows:—

Boil half an ounce of finely powdered verdigris in half a pint of distilled vinegar, to one half. When cold, filter and mix the solution, with double its weight of old solid honey, and preserve the mixture for use.

Here there is no precipitation of copper in any state, because no heat has been employed. The preparation is of a brilliant green colour, and preserves all the powers of acetate of copper, well known to be not inconsiderable.

The consistence of this preparation is a little less than that of a syrup or a honey: but no inconvenience results; no fermentation can take place; and there is no risk of spoiling from dilution.

#### TO CORRESPONDENTS.

*Communications received from Dr. Blood, (Corkin,) Drs. M’Mullen, (Cork,) Creswick, (Chesterfield,) Gore, (Limerick,) Layng, (Kanturk.)*

*A post-office order, for 13s., bearing the Sligo postmark, but not containing any name or indication of the sender, has reached us. We shall feel obliged by our correspondent informing us as to his address, in order that the money may be placed to his account.*

### MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX,”

DUBLIN, WEDNESDAY, MARCH 11, 1840.

#### THE MEDICAL CHARITIES.

THE readers of the MEDICAL PRESS will not need to be reminded of the many warnings which we have given, as to the fate impending over these institutions. The intrigues of half a dozen interested individuals, working upon the jealousies of a small portion, and upon the medico-political ignorance of the mass, of the profession, have hitherto caused our predictions to be disregarded, and now when ruin has commenced to enter their dwellings, our brethren, with a few honourable exceptions, are contented to look on in childish terror, and with more than childish imbecility. Long before we entered upon our editorial existence, and constantly since, we have laboured to shew that



the failure of the medical charities' bill of 1838 having left the institutions without any special government, protection, or provision, the necessary consequence must be the failure of all voluntary subscriptions and assessments for their benefit, directly upon the establishment of a compulsory poor rate. That rate has not yet been established; but such an effect has the bare expectation of it, upon the charitable, that from all parts of the country we daily hear of the approaching dissolution of some hospital or dispensary. The catastrophe of the Cork North Infirmary will be fresh in the memory of our readers; as well as the petitions to be saved from ruin, by being placed under the controul of the poor law commissioners, which have been adopted by the guardians of that establishment, and by those of the dispensary of the same city. The Navan Fever Hospital has also lately been *in extremis*, and in a letter of the 14th ult., now before us, and coming from one of the most deservedly popular and influential practitioners in the south of Ireland, we find the following passage:—

"Our hospital and dispensary are now closed from want of funds, and we lost our annual presentment from the neglect of our managing committee, or rather because the presenting sessions for the ensuing spring assizes were holden last October, three months earlier than usual; so that had we even known of it our subscriptions could not have been collected, *so slow do they come*—the poor here are in a sad state in consequence." In the county of Roscommon, as may have been seen in the PRESS of February 19, a general attack was contemplated upon the presentments of all the dispensaries; we have not as yet heard with what success; and in Clare a similar movement has been attempted. To the latter we shall again have occasion to refer, before we conclude our present remarks.

All these assaults upon the daily bread of our provincial brethren are, however, but affairs of outposts. Let it not be forgotten, that six pence of poor-rate has not yet been levied, and let those who are concerned estimate, from the effects produced by its apprehension, those which are likely to result from its actual pressure. No man, need suppose that his case is different from that of his neighbours, or that any security which he may have hitherto enjoyed, is at all likely to be continued. The dispensaries and fever hospitals have been the first attacked, and will probably be the first utterly destroyed; but unless some exertion be used, the infirmaries will not long be permitted to survive them. It may be said that without a distinct alteration of the law, these latter institutions cannot be thrown overboard—their presentments *must be passed*. Such is no doubt the law, but let us entreat our brethren to consider for a moment their actual not their legal position—their existence depends upon the sense universally entertained of the importance and necessity of their services. It is now obvious to every man, and enforced upon his feelings as well as his judgment by daily experience, that if a peasant or an artisan be unfortunate enough to have his head or his leg broken, he must absolutely perish, were it not for the refuge afforded him in the county infirmary; and consequent upon his destruction must be that of his wretched family. With these convictions few are so brutal as to deny to the infirmary the necessary support. Such is the present state of matters; but when a poor-house is provided for the beggared family, and out-door medical relief (now an inevitable measure,) is supplied to the maimed peasant, and when the rate-payer is heavily taxed for these purposes—will the same opinion then be entertained as to the necessity of the infirmary? We unhesitatingly answer—it will not. And we equally unhesitatingly tell the infirmary surgeons that

the result of this change of opinion, will be the cutting down or total rejection of their presentments at the sessions. The doing so will be illegal; but who is to contest the matter? Can the surgeons maintain half-yearly suits for the maintenance of their rights; or will the courts support them in the assertion of them? Let us not, for an instant, be misunderstood, or thought to hold the opinion that the importance and necessity of the infirmaries, or other medical charities will be diminished by the operation of the poor-law. We distinctly say they will not. Their proper operation is in the relief of the industrious poor, when suffering from accidental inflictions—that of the poor-law is in the relief of the utterly destitute. We maintain that instead of being diminished, the necessity for these charities will be really increased by the introduction of this statute.

If this measure be designed to serve any purpose beyond that of providing places for agitators, that purpose must be the elevation of the physical and moral condition of the peasantry—by raising them out of the struggle for mere brutal existence, lifting from their minds the debasing dread of starvation, and permitting their hearts to expand under the cheering influence of a prospect of independence, attainable by their own exertions. For the accomplishment of such a purpose, the workhouse alone will not suffice. In it the destitute pauper ought and will find a resource against actual starvation; but it will be no protection against the thousand shocks to which flesh is heir. Were there workhouses in active operation in every parish, still the industrious peasant, artisan, or small farmer, will be no less liable to suffer under a compound fracture, or a strangulated hernia, which may not indeed render him a fit subject for the workhouse test, but will speedily leave his family chargeable upon the union, unless the infirmary of his county be open for his reception and relief. Against such visitations it is impossible the poorer classes can, themselves, provide; but as long as there shall be poor in the land, it is no less the duty than the interest of society to take measures for alleviating their severity; and among the most obvious and essential of those measures, we must place the continuance and effective support of the medical charities.

The correctness of this view is, indeed, admitted on all hands, and by none more readily than by the poor-law authorities themselves. We can assert, from our own knowledge, that the importance of relieving the industrious poor from the effect of unavoidable casualties, and thus preventing them and their families from being forced into the class of 'destitute,' is fully felt by the highest amongst them; but we are at the same time obliged to admit that the means looked to for the accomplishment of this object are utterly inadequate to the desired result. It is expected that private benevolence will, as in England, supply funds sufficient for the support of infirmaries and other medical charities, for the relief of the industrious poor. Such an expectation with regard to Ireland, every one who knows the country will pronounce to be altogether vain—were the disposition ever so strong, the means are wanting. Were it wise or just, (which we deny,) to delegate the public duty of relieving our industrious but poorer fellow-citizens, in their hour of sickness, to the private charity of wealthy individuals, we have not in Ireland such individuals to receive the trust. According to Mr. Phelan, the whole amount of property in the shape of endowments, attached to the Irish medical charities, is but £23,325 per annum, not as much as the single bequest of Guy, while the sum of the annual subscriptions and donations to these institutions is estimated by the same gentleman at only £39,000.

The mere statement of these facts will at once shew



that the support of the institutions cannot safely be left to private benevolence; while the arguments, previously adduced, are, we conceive, sufficient to alarm any reflecting person, as to the danger of intrusting, even the legally protected infirmaries, to the mercy of the rate payers at sessions, when those individuals come to be heavily pressed upon by poor rates.

In late numbers of the Press,\* we saw evidence that even a retired medical man thought himself, as a cess-payer, in conscience bound to cut down the remuneration of a professional brother for the discharge of an irksome public duty. Is it likely that the cess-burthened conscience of the poor squire, or rack-rented farmer, will prove to be of more elastic material? All experience answers in the negative.

Having now, in some degree, laid bare the danger, we may reasonably be expected to offer some opinion as to the mode of escaping it. The immediate measure which suggests itself to us, is the enactment of a law analogous to the medical charities' bill of 1838, by which protection and support would be secured to the medical institutions; and, at the same time, government, by persons belonging to the medical profession, and acquainted, both with the necessities of the sick, and the rights and duties of those charged with the supply of their wants. Such a government would now, inevitably, be placed under the general supervision of the poor-law board, or might make, perhaps, a section of it; but it would save the poor and the profession from the lamentable consequences which, in England, have resulted from an unmitigated non-professional control.

The remote measure (we use the adjective in a medical sense,) whereby the attainment of such a law might be rendered possible, is, unquestionably, association among the members of the profession, especially those attached to charities; and the free expression of opinion upon the subject. Mr. French's bill would, in all probability, have passed in 1838, had this course been adopted. There was then, however, no organ of medical opinion in Ireland—whispering was thus able to do its work, and the safety of every infirmary, fever hospital, and dispensary in the country was sacrificed, because it was thought, by some gentlemen, inconvenient that any inspection or control should be exercised over certain 'settled institutions,' the nature of which, we have, upon a former occasion, alluded to; while, by another, it was determined that *no bill should pass* which did not confer upon him, and his successors, the exclusive right of selling qualifications to practise midwifery. We, now, advert to affairs, *quædam pars magna fuimus*, and, we can assure our readers, not in an acrimonious spirit, but more in sorrow than in anger, that we are drawing no exaggerated picture; and that objects, such as we have mentioned, were then pursued to the total forgetfulness of the interests of the institutions, both as they concern the poor and the profession.

We refer to these matters, partly as a warning to our brethren, and partly, as notice to those to whom we allude, that circumstances have been materially changed, and that, with the means of circulating information, now at the command of the profession, and the access to the ear of persons in high places, enjoyed by its real friends, a recurrence to such a course could scarcely fail to bring upon their heads public disgrace and ruin. We, personally, desire not to be to these individuals the agents of evil, although we have received much at their hands; but we have undertaken a public duty, and, from its due execution, we are determined not to shrink.

Of the good effects of even partial union and association, the resolutions from Clare, to be found, to-

day, in another part of our columns, afford ample evidence. By the exertions of the indefatigable secretary of that county, perhaps the whole of its institutions have been saved from immediate destruction—what might not be effected were the energies of the whole profession of Ireland concentrated in any single body, and directed to any particular object? But we have so frequently dilated upon this topic, that it is unnecessary for us now to dwell upon it at any length. The *modus operandi* is what we now desire to direct attention to. The efforts which we made last year to place the College of Surgeons at the head of the medical profession of Ireland, having been frustrated by the same arts, and partly by the same individuals that, in 1838, occasioned the failure of the Medical Charities' bill, we now see no resource but in an active junction with the Medical Association of Ireland. It wants, indeed, some of the advantages which a corporate body would have afforded, but to compensate for these, its operations are less cumbrous and more energetic; and were its council fairly acknowledged as the centre to, and from which, information on medical matters would flow, and were their exertions given more scope, by a sufficient command of funds, we have little doubt that much might yet be accomplished for the medical profession generally, and especially for the Medical Charities of Ireland.

POOR-LAW INTELLIGENCE.

CORK UNION.—A committee of the Board of Guardians has drawn up an able report upon the state of the temporary workhouse, from which we learn that on the 18th of February, there were 1401 persons within the walls. These are classified as follows:—

Males.			
Aged and infirm	...	...	214
Able-bodied men	...	...	12
Youths above 13	...	...	63
Boys under 13 years	...	...	97
			— 386
Females.			
Aged and infirm	...	...	245
Able Women and Girls above 13	...	...	375
Girls under 13	...	...	197
			— 817
Children of both sexes under 5	...	...	198
			1401

Under the government of the House of Industry, these individuals have been, hitherto, obliged to sleep, three in a bed, in consequence of the want of funds to procure a sufficiency of bedding. This arrangement the committee very properly recommended to be discontinued, as well as the practice of allowing the dormitories to be used as day-rooms. They observe:—

"It is highly necessary to adopt every precaution to lessen the number of sick paupers, inasmuch as the cost per diem of those in hospital, independently of medicines, is eight pence instead of three pence and a fraction, which your committee have ascertained will be the expense of feeding each healthy pauper."

With regard to diet, the committee make the following statements and recommendations:—

"In this country it is impossible to go lower in providing for human subsistence than the food used by the people outside, unless, as happens sometimes, during periods of famine, when recourse is had to the very weeds of the fields or of the sea-shore. It is therefore evident the diet of an Irish workhouse cannot be of an inferior description [to that used by the labouring class outside.] In our opinion it ought to be somewhat better, because it would thus have the effect intended by the introduction of a poor law in Ireland, of raising the physical condition of the people, and of introducing a better kind of food than

\* See pp. 47 and 97 of present volume.



that of the wet 'lumper and salt' amongst our productive peasantry.

At present there are boiled up with their dinner-porridge, three days in the week, eight beef heads; your committee recommend that in future it should be sixteen beef heads, making a difference in the expense of one penny for every 20 paupers. At present each person gets 6 ozs. of meal and a pint of milk for breakfast, the cost of which is 1½d. Your committee recommend that half a pound of bread should be substituted for the meal, the expense being precisely the same, and they further recommend that the supper should be one half the quantity of food, and of the same description as the breakfast. The whole expense of this per day, for each pauper, will be 3 3-8d instead of 2 29-56d as under the present system.

"Your committee further recommend that the hours of meals be 8, 2, and 6 o'clock in the summer months, and 9, 2, and 6 in the winter months, and they suggest that children under 9 years of age be dieted at discretion, and that the sick be dieted as directed by the medical officer."

#### THE CORK MEETING.

We look with much interest to the result of this movement, notice of which was given in the *PRESS* of last week. The medical men of Cork, and especially the members of the Western Medical Society, have been ever foremost among those desirous of elevating the profession, and rendering it more useful to the public; and we sincerely hope that the example now about to be set by this great county, will not be without its influence upon the medical men in other parts of the kingdom. We have made arrangements which will enable us to give a full report of the proceedings in our next number.

#### UNITED MEDICAL CLUB.

*From the Lancet, February 29, 1840.*

The Club in Dublin, which has been christened the "UNITED MEDICAL CLUB," is a sign of the times. The friends of Medical Reform have become overwhelmingly numerous in that capital, and this club is an indication of the fact. It is found impossible to procure converts to the doctrines of the monopolists, and new means were wanted, if not to change the opinions, at least to silence the voices, of the reformers. A more apt name would be the "HOLD-YOUR-TONGUE-CLUB." "If you won't believe, at least be silent. Medical politics are not proper for surgeons and physicians. The discussion of alleged grievances engenders bad feeling." "Come, now, my friend," says Mr. ABRAHAM COLLES, to a brother practitioner, "What good will medical reform do for you? Your head is filled with foolish notions by the press about your wrongs, and all that, but if you wish to see maintained a high sense of honour and kindly feeling in the profession, you will join our club, and never mention medical reform again. Come, you, and all of you, Whig and Tory, Catholic and Protestant, have done with agitation, and meet me and my colleagues on neutral ground, unconnected with collegiate or corporate regulations. Come to the United Club. There you will see all of us heads of the profession, all men in office, all the better classes of practitioners; there we shall be so courteous and affable, that it will be impossible, after the shaking of hands, the polite attention, and the bland tones, and the tea and coffee, to avoid feeling how odious and detestable it is to talk of us as monopolists, jobbers, nepotists, and apprentice-mongers, *out of doors*. No white lamb in the Club, can become a black sheep out of it. Hear the statements made at the reform meetings and coteries, and in the reform petitions, respecting our settled institutions, and the excellent and venerable functionaries who fill them, and then blush for the speeches and signatures. A united medical club is really found to be necessary to arrest medical sedition,

and maintain a higher sense of honour and more kindly feeling amongst us, such as ought to subsist among the better classes of society. Our first principle should be, to *keep things as they are*, and discourage that restless desire for change which now prevails, those impious wishes to pull down old institutions, and build up new models. The public are not yet accustomed to look upon the medical man as a politician, even in his own affairs, and it is very doubtful whether you would secure for yourself, under a National Faculty of Medicine, the same respect which has always been accorded to you under our venerated College. In the United Club every question of medical politics will be *carefully* excluded. If we are largely joined, we shall soon have a paramount influence in Dublin; and the same circumstances which will make it *contra bonos mores* to agitate grievances in the Club, will quickly stamp as a *bad man* that member who talks medical politics out of it. We know very well how these things work. The advantage of such a Club to the medical men of Dublin will be immense. The political activity of a small portion of their body, in misleading the public with regard to the government of our medical institutions, will be effectually counteracted. The public shall be taught to avoid such practitioners. They will witness a most respectable club repudiating all politics as unfitted for medical lips, and they will pronounce, accordingly, in favour of our view of what is right and becoming. Medical men should be *purely social* beings—Owenites in their circles, having all things in common, except offices and posts of honour—all harmony and quietness. Thus, while the club wholly repudiates the supposition that it is an anti-reform association, it will, by enforcing *silence* upon medical grievance, indirectly accomplish its objects for the honour and welfare of the profession; for no change ever takes place in political government without previous agitation and discussion. All assertions to the contrary, whether in *The Lancet* or the DUBLIN MEDICAL PRESS, are false. Our object is to promote that peculiar sort of *good feeling* which will leave our hospital surgeons and collegiate professors alone—undisturbed in their emoluments and advantages just and unjust, and so secure the honour and respectability of the medical and surgical profession: two properly distinct and long-divided sciences; in short, maintaining, undiscussed, the monopoly of the governing few, and the rights and privileges of the subordinate many."

Gentlemen of the medical club, this is your own tale—the pleading of your own case. Can it possibly be successful?

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, MARCH 5, 1840.—Council met.

The subscriptions of Dr. Thomas E. Lindsey, of Broadway, and of Matthew H. Blood, Esq., of Corofin, having been handed in, they were enrolled members of the Association.

#### MEDICAL INTELLIGENCE.

A petition for removal of the grievances affecting the medical profession, and reform of the medical institutions, has been sent from the Wexford Medical Association to London, to be presented to both houses of parliament.

CORK COUNTY GRAND JURY.—Several dispensary presentments were adjourned on account of the absence of the treasurers. The salary of £120, to the medical attendant of the Freemount Dispensary, was objected to by Mr. O'Connor, of Manch, as "*enormous*!"



TO THE EDITORS OF THE DUBLIN MEDICAL PRESS.

GENTLEMEN,—In the copy of the DUBLIN MEDICAL PRESS, dated 26th February, 1840, which you did me the honor of sending, there is the extract of an offensive letter, published by Sir James Murray, which he states to be "from John Murray, Esq., Professor of Chemistry, F.S.A., P.L.S., &c., in reference to the pretensions of a London Imitator." I shall feel obliged by your giving publicity to the following correspondence, that the profession and the public may be able to judge what degree of truth is to be attached to any future statements of Sir James Murray :  
*Copy of a Letter to John Murray, Esq.*

"172, Bond-street, London, 21st February, 1840.  
 "SIR,—A pamphlet has just been put into my hands, published by Sir James Murray, containing a most wanton attack upon me in a letter which he states to be written by you, of which the following is an extract:—

'Such a cool piece of impudence I never heard in the whole course of my existence. The certificates of Brande and Paris are nothing more than the quantity contained in the fluid ounce. Dinneford is a mere imitator—the upstart mushroom of yesterday—the counterfeit of an intrinsically original—Columbus and the egg! I never before heard of Dinneford's name, and he only pretends to its introduction for a period not exceeding a few months.'

"I shall feel obliged by your informing me if you are the author of that letter or not. I am induced to do so, because you stand before the world as a Gentleman, and, therefore, must be too well aware that such an attack upon the character of any man is highly improper, and much more so upon one who is an utter stranger to you, and never offended you. Secondly. You are a public lecturer on Chemistry, and, therefore, must know the value of character. Thirdly. Immediately preceding the letter in the pamphlet alluded to, there is a letter of an equally calumnious tendency, from Mr. Clark,\* which that gentleman has not only denied, but proved to be a gross fabrication of Sir James Murray's. I beg the favor of your early reply, and am, Sir, your obedient servant,

"To John Murray, Esq., Professor of Chemistry, Hull."

*Extract of the Reply of John Murray, Esq.*

"CHARLES DINNEFORD.

"Hull, March 2, 1840.

"SIR,—Indisposition must be my apology for a less early reply to your letter. My rejoinder to Sir James Murray was in return to a private letter from him, and meant as *confidential*. I do not now remember what I said in the letter in question, but it was simply and exclusively expressed in connexion with priority as to the introduction of the Soluble Magnesia to the public.

"I entirely repudiate the idea of calling, for an instant, in question, your respectability. A moment's reflection must tell you, that this is impossible, as you were a total stranger to me, and I never even had heard of your name till Sir James Murray mentioned and referred to it—how could I question the character of an individual to whose name I was an utter stranger, and whose very being I was not aware of.

"So far from wishing to injure you in thought, word, or deed, I would do you a kindness if I could; and in proof of my sincerity, I have written Sir James Murray to cancel, *toto calo*, my name in connection with his testimonials.—I have the honor to be, Sir, your obedient servant,

"J. MURRAY."

This is a plain, unvarnished statement of facts, which can require no comments from me. I shall pass them in silence, not doubting, that sooner or later Sir James Murray will have to pay the penalty that such conduct always brings upon its authors.—I am, Gentlemen, your obedient servant,

London, March 6, 1840.

CHARLES DINNEFORD.

*Under the patronage of Her Majesty the Queen Dowager, His Majesty the King of the Belgians, His Majesty the King of the French, His Royal Highness the Duke of Cambridge, His Grace the Duke of Wellington, and a long list of the Nobility,*

DINNEFORD'S SOLUTION OF, OR FLUID MAGNESIA.

(GREATLY IMPROVED IN PURITY AND CONDENSATION.)

The great advantages of the FLUID MAGNESIA are now too well known to require comment. The Proprietor, however, has the pleasing satisfaction to announce, that, as a practical chemist, he has, by attention to the process, in a great measure obviated the unsightly crystals and the deposit, which have been the subject of frequent complaint in other preparations, and, particularly, in one imported from Ireland, in a very crude and imperfect state.

Dr. Conquest has expressed his regret that he should have allowed himself to be imposed upon by an ex-parte statement of Sir J. Murray, and says, "I have enquired into the circumstance, you are at liberty to continue the use of the certificate I gave you."

Sir David Davies, Physician to Her Majesty the Queen Dowager, says, "I consider it far superior to any other preparation that I have seen; this I attribute chiefly to the perfect manner in which Mr. Dinneford conducts the process, and the ingenious machinery employed, both of which I have at his request inspected."

Mr. Herron, of the National Medical Hall, Dublin, says, "Sir James Murray has removed my name from the certificates given me, and substituted his own; he has broken his contract with me in every way—I shall, therefore, be happy to undertake your agency. There are four makers in Dublin—yours is the best—it is really beautiful. I enclose you Surgeon Morgan's certificate of your preparation; he says it is the purest he ever saw. It is 33 per cent. stronger than Sir J. Murray's, whose preparation he formerly examined and reported on."

Extract of a letter from Mr. Mungeam, Cheltenham, dated Sept. 16th, 1839:—

"I am happy to say the sale of your Fluid Magnesia increases daily. I have heard numerous complaints of the rivals', but not the shadow of a complaint against yours; it is splendid—and, I may add, for your satisfaction, that the profession here are much pleased with it."

Extract of another letter, of a more recent date, from the highly respectable firm of Messrs. Lea, Perrins, and Smith, Cheltenham:—

"We have heard some favourable remarks on your Solution of Magnesia, as compared with Sir James Murray's, that we feel inclined to vend your preparation, and shall, therefore, be glad if you will send us a supply."

A similar application has been made by Mr. Bevan.

CAUTION—This medicine has already attained so high a place in the estimation of the Medical Profession and the Public, that the Proprietor has had to pay the usual penalty of success—that of finding his labels, hand-bills, and advertisements so exactly copied, and all the outward forms, under which this preparation is sold, so closely imitated, that persons who are desirous of obtaining Dinneford's PURE Solution of Magnesia may be deceived by mere external appearance. This vulgar and mean deceit will not, I am sure, be countenanced by any respectable member of the medical profession; but rather be accepted by him as the strongest attestation that Sir J. Murray himself could give, that my Solution is superior to his own, and an ample confirmation of the admission publicly extorted from him, "*that the process of its preparation had been greatly improved by me.*"†

CHARLES DINNEFORD,

Family Chemist to Her Majesty the Queen Dowager,  
 and His Royal Highness the Duke of Cambridge.

Agent for Dublin—Mr. HERRON, National Medical Hall.

\* The letter of Mr. Clark, together with some others of a similar character, it is my intention to publish as early as possible.

† See the DUBLIN MEDICAL PRESS, dated Wednesday, January 9th, 1839.



## SIR JAMES MURRAY'S FLUID MAGNESIA.

TO THE PRESIDENT AND MEMBERS OF THE LONDON MEDICAL SOCIETY.

MR. PRESIDENT AND GENTLEMEN.—Since I had the pleasure of acknowledging the honor you did me by the unanimous vote of thanks of your Society, for my invention of "FLUID MAGNESIA," many circumstances have occurred which demand the consideration of the profession. It was observed at your meeting that a discovery, which is of *daily* and *hourly* application in *every nursery* and *sick room*, which enables us to exhibit medicine in a *scientific* rather than in a *mechanical manner*, and without danger or disgust, is, in practice, more important than some brilliant improvements applicable only to single cases, and probably at long intervals. It was, gentlemen, a firm conviction of the every-day advantages of *Fluid Magnesia*, when contrasted with the *solid crude earth*, which induced me to come forward publicly, to vindicate the merit of having first introduced it—to recommend and explain it candidly in my work on "Dilution;" to lay it before your enlightened body, and other associations—and to risk the contests which every invention meets with from the host of harpies whose rapacity is ever ready not only to seize upon the invention, but to rob the inventor of the merit justly his own. For these, and many other reasons, Physicians naturally feel the utmost reluctance to introduce and extend the use of any public medicine, although it is to Physicians we owe the credit of bringing forward the best remedies we possess, such as the Antimonial Powder of Dr. James—the Tonic Myrrh Mixture of Dr. Griffith—the Bark Tincture of Dr. Huxham—the Alterative Pills of Dr. Plummer—and the Magnesian Powder of Dr. Gregory.

Gentlemen, when a Physician, at an immense expense, brings to perfection a medical improvement of great repute; and when he has thirty years' proofs of its benefits, it then becomes a duty to vindicate his right to the merit of his improvement, and to guard the public from the substitution of imitations. Having, at enormous expense, procured additional Pneumatic Presses for consolidating Carbonic Acid, I find it absolutely necessary to preserve my present Condensed Fluid Magnesia in *Bottles* (only.) The present strength is far superior to that which was kept in bulk or draught, which became deteriorated by crystalizing, or exposure to air or light; besides, there is no guarantee that the preparation is genuine, without proper bottles being sealed, and authenticated by the Proprietor's name, in order to insure the *identity* and *integrity* of the preparation.

I have the honor to be, Gentlemen, your obedient servant,

JAMES MURRAY, M.D.

Merriion-square, Dublin, October, 1839.

N.B.—To avoid the risk of other liquids so often substituted for the original Fluid, a sole Consignee (Mr. Bailey) has been appointed to fold and seal the Bottles in one uniform manner. As a protection against dangerous substitutions or adulterations, the profession and the public will please observe that the label on every bottle will be authenticated by the following stamped signature, (in green ink,) "James Murray, Physician to the Lord Lieut.," the Inventor and Proprietor of this invaluable Medicine.

Country Venders may order *Sir J. Murray's Fluid Magnesia* from the respectable Wholesale Druggists of Dublin, on the same terms as if sent by Mr. Bailey. Families supplied by the *retail agents*, with sealed bottles only.

## COUNTY OF CLARE MEDICAL ASSOCIATION.

At a Meeting of the County Clare Medical Association, held in the Board Room of the Infirmary, on the 20th of February, 1840, Dr. FOLEY of Kilrush in the Chair,—it was resolved—

That the thanks of this Association are eminently due to our Secretary, as well for the promptitude with which he has taken up our cause at this assizes, in defence of the County Dispensaries, against the late unjust and illegal attack made on them, as for his exertions on all occasions to advance the interests of our profession.

That a petition to the House of Commons, on the subject of Medical Reform, be forwarded to Mr. Wakley, for presentation; and that our County and Town Members be requested to support its prayer.

That the MEDICAL PRESS enjoys the unqualified confidence of this Association, and that it is entitled to the gratitude of the profession for its able advocacy of Medical Reform. That the removal of one of its Editors from the office of Assistant Secretary to the College of Surgeons, is regarded with feelings of indignation by us, and that that distinguished gentleman deserves the support of every Liberal Member of the profession.

That Dr. Foley do now leave the Chair, and that Dr. Evans to take it.

WM. FOLEY, M.D., Chairman.

That the thanks of this meeting be given to Dr. Foley, for his very gentlemanlike conduct in the Chair.

S. P. EVANS, M.D., Chairman.

GEO. W. O'BRIEN, M.D., Secretary.

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## REGISTER OF THE WEATHER,

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	March 1,	40.5	28	30.480	
Monday	2nd	46.5	32	30.600	
Tuesday	3rd,	47	34	30.500	
Wednesday	4th,	46	34.5	30.450	
Thursday	5th,	45	33	30.386	
Friday	6th,	48.5	35	30.364	
Saturday	7th,	50.5	36	30.570	

## CASE OF PROFESSIONAL DISTRESS.

Subscriptions already acknowledged, £15. 5s. The subscription will be closed this day week.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, Prince's-street, Soho.  
Wednesday, March 11, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXIII.]

DUBLIN, WEDNESDAY, MARCH 18, 1840.

{ PRICE SIXPENCE,  
STAMPED.

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE VII.—VENEREAL DISEASES.

*Consideration whether all Venereal Symptoms arise from one, or from several poisons—question of no practical importance, provided we know the several distinct groupings of symptoms.—Interference by mercury prevented a just knowledge of the natural progress and history of Venereal Diseases—therefore, only under the anti-mercurial treatment, this knowledge could be acquired. Relation in which Venereal stand to other diseases.—Four distinct Venereal Diseases grounded on the character of the eruption described.—Arguments in favour of plurality of Venereal Poisons—1st., From difference in the progress, symptoms, and nature of the eruption—2d., From difference of treatment required for each form—3d., From historical evidence—4th., From experiments of inoculation.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—I purpose, in this day's lecture, to call your attention to Venereal Diseases—I speak of them in the plural, and not, as is usually done, in the singular number, because I am convinced, and, probably, before I conclude, shall afford you strong reasons for agreeing with me, that there is more than one venereal poison; and, therefore, that the received orthodox opinion on this point is not true. Though "truth in matters of science cannot but be important and useful," as Mr. Key has observed in his admirable report of the primary syphilitic cases in Guy's Hospital, "yet the mere question whether a variety of effects arise from one or from many causes appears to me not to possess that importance which has been attached to it." In this sentiment of Mr. Key's I perfectly agree, and whether the different groups of venereal symptoms, which congregate together, arise from different poisons, or from other causes not very obvious, is, in a practical point of view, of no mo-

ment whatsoever, provided we make ourselves acquainted with the characters and dispositions of primary affections, and also with the *groupings* of constitutional symptoms, assigning to each that mode of treatment which experience has indicated to be the most judicious. Those other causes of the great differences which are found in both primary and secondary symptoms, are supposed to be some unknown state of the constitution. I say unknown, for I have seen the healthiest person afflicted with the worst description of primary phagedenic and sloughing ulcers, and have, on the contrary, seen the most unhealthy affected with the mildest form of primary ulceration. Mr. Mayo, in a late lecture on the venereal, rather than attribute the variety of symptoms we meet with to a plurality of poisons, "conceives it to be owing to some difference, and probably one of a temporary nature in the habits of the party affected:" but he affords no clue to ascertain what this difference is, which causes such marked distinctions. That this grouping or congeries of particular symptoms characterise the various forms of venereal is as certain as that small-pox and measles have each their peculiar train of symptoms. Thus, when you see an eruption of papulæ, preceded by fever, which desquamates into scaly copper-coloured blotches, you will meet with a chronic inflammation of the fauces—enlargement of the tonsils, which is often mistaken for ulceration, (from their irregular surface and depositions of lymph,) and also occasionally enlargement of the lymphatic glands of the neck—pains in all the larger joints, resembling those of rheumatism, are constantly present, but you neither meet with ulcers in the throat or nares, or nodes on the bones. Again—when you see an eruption of pustules, or spots of a pustular tendency, preceded by fever, and terminating in ulcers, each of which is covered with a thick crust, in general assuming the conical shape of rupia prominens; and, when these crusts fall off,



exposing deep ulcers which spread with a phagedenic margin, you may expect to meet on the same individual ulceration of the throat, particularly on the posterior part of the pharynx, which, if not checked, will soon engage every part of the fauces as far as can be seen, extending upwards into the nares, and downwards into the larynx. Ulcers, both of the nares and larynx, however, not caused by the extension of the ulceration of the throat, but arising in distinct patches, may be met with; which, in the one, will soon be followed by caries and exfoliation of the bones of the nose, and, in the other, by a train of most distressing symptoms, owing to obstruction of respiration, and the irritation of a most sensible organ. Together with these symptoms, such a patient will complain of severe pains, not only in the large joints, particularly the knees, but in the shafts of the bones, followed by nodes of a most obstinate description.

In another form of venereal, when you see a scaly eruption of a dark-red or copper colour, either presenting the characters of lepra or psoriasis, according to Willan and other systematic writers on cutaneous diseases, you may expect to meet with deep ulcers of the tonsils, and pains in the head and shafts of the long bones, followed by nodes. All the symptoms which attend this form are of a very chronic nature. The patient will betray by his looks that he is labouring under some constitutional malady; but the eruption is not ushered in by that active fever which precedes the other forms of eruption; and even the ulcers of the throat are so little acute, that they may make considerable progress before their presence is indicated to the patient by any pain or uneasiness.

I would wish to put you on your guard, in discriminating eruptions, to distinguish accurately those which are *scaly from their commencement*, from those which become so in their progress, for both papular and pustular, as well as tubercular eruptions, become scaly as they decline.

Inattention to this leading feature in the appearance of eruptions, has led many men, even of experience, to confound one form of venereal disease with another, and to deny that there are any essential or specific distinctions between them. There are, no doubt, many symptoms in common to every form of venereal disease—for instance, eruptions, some of which, as the papular and pustular, are preceded by well-marked fever; and the scaly, by one, however so trifling, as in general to escape notice; but bad rest, and a care-worn sickly countenance, in most instances, sufficiently betray disturbance of the constitution. Affections of the throat, from simple inflammation to destructive ulceration, are common to all. Pain in the head and joints are also equally common, and I may say the same of iritis; but, although the last affection may occur in every form of venereal disease, it is much more frequent in that which produces the papular eruption than in any other. And I have observed, that even in this form, it is most frequent in those patients who have imprudently repelled the eruption by exposure to cold, or removed it from the skin by the premature use of mercury, anticipating that safe period for its exhibition, when the eruption has desquamated, and is evidently on the decline. This is so frequently the case, that Mr. Travers, many years since, attributed iritis to mercury, and not to the morbid poison; but, at the period in which he promulgated this opinion, mercury was exhibited for every stage and form of venereal. Since that time, however, the anti-mercurial practice has afforded us opportunities of witnessing iritis in a great number of cases where not a grain of mercury had been taken.

From these considerations, the question naturally arises—in what relation does the venereal stand to

other diseases—does it, in its various forms, constitute a disease, *sui generis*? Or does it not, in every particular, evince that it belongs to the order, exanthemata, of the class pyrexia; which Cullen defines to be “contagious diseases beginning with fever, and followed by eruption?”

Now, in every point, the various forms of venereal answer fully to this description. It is not a mere idle speculation to ascertain to what class any particular disease, whose nature we wish to investigate, belongs; for, although every individual disease has its own characteristic symptoms and laws, yet in a duly arranged class, there must or ought to be, some character and laws common to all.

Now, the venereal, in all its varieties, (even without the adoption of my peculiar views,) is obedient to those laws common to the entire order of the exanthemata—it is contagious—it is ushered in by more or less fever—and it is followed by eruption. It is communicable by contact only, and not through the medium of the atmosphere, as was at one time generally believed; and, in this respect, it differs from the other morbid poisons of the same class. When inoculated, it produces, like small-pock or cow-pock, a vesicle, the lymph of which is highly contagious; but as the matter becomes, in its progress, purulent, it gradually loses its contagious property. This fact was well ascertained, several years since, by the experiments of Mr. Evans, an account of which is given at page 81 of the second edition of my work on Venereal Diseases; and, more recently, have been repeated, on an extended scale, by M. Ricord, with the same results.

Now, in this respect, it bears the closest analogy to both small-pock and cow-pock; for, in order to insure a successful inoculation, every practitioner knows the necessity of taking the infection while it is in the form of lymph. There is but little inoculation now, I trust, of the former of these diseases; but all practitioners knew the advantage of taking infection from a recent spot before the matter had matured; and every one knows, respecting cow-pock, that there is no dependence to be placed upon the infection once the new lymph has changed into purulent matter. These facts we will find, by-and-by, of great importance in unravelling or in ascertaining the laws by which venereal diseases are governed. Some days may elapse before the poison of those vesicles is imbibed, so that a cauterization of the part, by an escharotic, affords a good chance of cutting off infection, and thus protecting the system from contamination.

When the system is affected, eruption, attended with inflammation or ulceration of the throat, and preceded by fever, is the usual character of all the exanthemata, in which the various forms of venereal fully participate. These eruptions have their regular periods of accession after infection, of continuance and decline. If any of them are driven prematurely from the surface, some internal organs, as the brain, lungs, or intestinal canal, are sure to suffer; therefore, in the treatment of these diseases, the great object is to conduct them in such a manner as to allow the eruption to pursue its natural stages, and to prevent, at the same time, the ill effects of too much excitement either during the eruption or secondary fever. Now, these are the laws applicable to all the exanthemata, including venereal diseases. But every individual disease of the order has a particular modification of these general laws; for instance, when the eruption of small-pock, measles, or scarlatina, suddenly recedes from imprudent exposure to cold or other causes, the brain and lungs are most liable to become affected, and effusion upon these organs, un-



der such circumstances, may terminate, rapidly, the patient's existence.

The object of the practitioner, under such untoward circumstances, is, by stimulants and heat to the surface, either by the hot bath or warm air, to bring back the eruption to the skin, which affords the most likely means of averting the formidable train of symptoms consequent upon its sudden and premature disappearance.

Now, the precise same law manifests itself in the government of every form of venereal disease, but modified in each form, or individual morbid poison. For instance, when the pustular, tubercular, or scaly venereal eruptions are removed prematurely from the skin, or not allowed to develop themselves according to the respective laws of the morbid poison to which each appertains; instead of the brain or lungs being, in consequence, assailed, the periosteum and bones, as well as other deep-seated parts, seem to suffer.

When the papular venereal eruption suddenly disappears, the periosteum and bones are not consequently affected; but the patient will complain of the increased severity of the pains of his joints and head, and, frequently, iritis occurs, also attended with more or less of constitutional disturbance, which is succeeded by a fresh crop of the eruption that usually brings with it considerable relief; but which will occur again and again if injudiciously treated. The more frequent causes of this premature removal of those eruptions from the surface, are either imprudent exposure to cold and moisture, or to the early injudicious use of mercury, before the eruption has indicated by its desquamation or scaliness, that it is naturally on the decline.

We can easily comprehend why cold and wet, applied to the skin, should repel that action of its vessels necessary to the development of an eruption; but why mercury should produce a similar effect is not quite so obvious—that it does possess this power, the experience of every practitioner proves; perhaps, this powerful mineral, by exciting a new action, suspends, on the Hunterian doctrine, that of the morbid poison, and thus the natural development of the eruption is interrupted. In support of this view of the laws by which venereal poisons are governed, (and of which we could never acquire any adequate or certain knowledge as long as it was the practice to exhibit mercury for every form and stage of these diseases,) I need only state the fact, now generally admitted, that in those cases treated without mercury, the secondary symptoms are particularly mild, and *the bones seldom or never affected*.

There is nothing more worthy of notice in pathology, than the regularity which nature observes with respect to the characters and symptoms of morbid poisons—making allowance for difference of age, constitution, climate, and various external influential causes, the regularity with which the exanthemata pursue their usual course, in obedience, each to its peculiar laws, is truly surprising. Are we then justified in supposing that the venereal poison is an exception to this general rule, and that one poison alone produces the great variety of eruptions which you now see so truly and admirably delineated before you?

[Here Mr. Carmichael pointed to numerous drawings of the various forms of venereal eruptions displayed on the walls of the lecture room.]

Are we to suppose that the same poison which produced this mild papular eruption, which ends in desquamation of the cuticle, and then disappears almost spontaneously, also occasions this eruption of pustules and tubercles terminating in ulcers, some of which you see covered by the thick conical crusts, termed

rupia—while others, having cast off these coverings, exhibit deep and extensive foul surfaces spreading with a phagedenic margin? Here, again, is another form of eruption, totally unlike the two others—these drawings exhibit neither papulae, pustules, tubercles, rupiae, or ulcers, with phagedenic margins; but scaly spots, some flat and small, and others raised, particularly at their margins, both of a dark-red or copper colour. These are faithful delineations of syphilitic psoriasis and lepra, and exhibit the same character of scaliness from their very commencement, by which they are distinguishable from papulae in their declining or desquamating stage.

The old and general belief is, that the same poison produces these different forms of eruption, which in mildness and virulence appear the very antipodes of each other. If they are both the product of the same virus, then I must say that the venereal is an exception to the laws which govern all other morbid poisons, and we must agree with those who consider it a disease *sui generis*, or totally unlike to any other. But when we look a little deeper into the subject, perhaps you will agree with me that it does not form an exception. Those who are of opinion that there is but one venereal poison, which produces all the varieties we see both in primary, as well as secondary symptoms, account for these varieties by assigning them to difference in constitution, or to that of the state of health of the patients at the time of receiving infection. Now, I am willing to admit that both primary and secondary symptoms may be greatly modified by age, constitution, mode of living, and treatment of disease, both local and general; but I contend that none of these causes will produce the great difference which is obvious between this mild, papular form of venereal disease, from which the patient will certainly recover, except under the grossest mismanagement; and this virulent, destructive eruption of rupiae, and extensive phagedenic ulceration of the skin, from which it is doubtful if the patient will ever recover, even under the most judicious treatment. I might as well admit that difference in constitution would in one person from the same poison cause an eruption of measles or mild chicken-pock, and in another the worst form of confluent small-pock. But if these differences which venereal eruptions exhibit were owing to those causes assigned, we ought to see the phagedenic disease constantly assailing the broken-down, drunken debauchee, and the mild form only attacking the young, healthy, and robust. This, however, is so little the case, that according to my experience both these classes of patients are indiscriminately liable to both these forms of disease.

Another argument in favour of a plurality of venereal poisons is afforded in the fact that different forms of the disease require different modes of treatment and management. For instance, the disease characterised by a papular eruption, does not require, either in its primary or secondary stages, mercury for its cure—a medicine which is positively injurious, until the eruption is desquamating, and on the decline. 2ndly. The phagedenic venereal disease, both in its primary and secondary stages, is positively injured, and rendered more intractable by the exhibition of mercury. When the disease is on the decline, as indicated by extensive scaly-looking blotches or tubercles on the skin, where formerly ulcers, covered with crusts of rupiae existed, mercury may then, and *not till then*, be useful in alterative doses, to expedite the cure. But my chief reliance for the constitutional treatment of this disease is the hydriodate of potass, combined with sarsaparilla. 3dly. That form of disease which is characterised by the scaly eruptions psoriasis and lepra, yield with certainty and rapidity to the exhibition of mercury, a proposition which can



not be advanced respecting the other forms of venereal disease.

A third argument in favour of a plurality of venereal poisons is afforded from historical facts. In the latter end of the fifteenth century, it is generally supposed that the venereal disease first made its appearance in Europe, and, as is well known, was thought to be an importation from America, brought home by the Spaniards—a just retribution, it was alleged, for the evils they inflicted upon the natives of that continent. Whether or not this account be true, there is no doubt but that a new and destructive form of disease made its appearance about this period, first observed at Naples amongst the Spanish soldiery, from whence it spread rapidly all over Europe. Now, from the earliest time to the present, in which we have historic records, statements have been made which prove the existence of venereal complaints. Thus, in the 15th chapter of Leviticus, we find the Hebrew lawgiver directing such precautionary measures as might prevent the extension of gonorrhœa throughout the camp, for such, most probably, was meant by the words “running from the reins.” Hippocrates speaks of exulcerations and defluxions upon the private parts, with tubercles in the groin, in his 3d book *de Epidem.* section 3. Celsus, in his chapter *de obscenarum partium vitiiis*, describes eight species of ulcers to which the genitals were subject; amongst which we find those that we meet with at the present day, particularly the common primary ulcer, occasioning the papular eruption called *venerola vulgaris*, by Mr. Evans, often exciting phymosis and inflammation. He also accurately describes the phagedenic and sloughing ulcers. Numerous writers of the middle ages, long before the supposed introduction of syphilis, (to mention whose names now would only betray a vain affectation of research,) state the frequency of primary venereal diseases, occasioned by coition. The laws of the public stews in all the cities of Europe, by which the women who frequented them were subjected to regular examinations, and other precautionary measures, to prevent the communication of venereal complaints, afford decisive evidence on this point. Astruc mentions particularly those of one at Avignon, adjoining the convent of the Augustine Friars; (a strange place to select for it,) in which, amongst other ordinances promulgated “by the young and good Queen Jane, (curious occupation this for a youthful Queen,) we find the following:—“*Item*—The Queen commands that on every Saturday the women in the house be singly examined by the abbess and a surgeon, appointed by the directors; and if any of them has contracted any illness by their whoring, that they be separated from the rest, and not suffered to prostitute themselves, for fear the youth who have to do with them should catch their distempers.”

This document in itself, thus incongruously recorded and disseminated by an author opposed to the antiquity of venereal diseases, before the latter end of the 15th century, is decisive in establishing that which he endeavoured to controvert. It is true that neither the ancients, nor the physicians of the middle ages, though they admitted that venereal diseases were caused by sexual intercourse, had ascertained the constitutional affections they occasioned. That such existed at all times as, at present, does not admit of a doubt; but were confounded with and mistaken for, the symptoms of leprosy, as has been most satisfactorily explained by the admirable paper of Mr. Becket, read before the Royal Society in 1717. The substance of this paper I have given in my work on venereal diseases, and, therefore shall not repeat it here; but we find that in proportion as the connexion between the primary and secondary symptoms of venereal dis-

eases become known and understood, we hear less and less of those of leprosy.

This ignorance of our predecessors, which appears to indicate so much stupidity, need not surprise us, when it is recollected that it is only within a very few years that two of the most formidable ailments—iritis and gonorrhœal ophthalmia, were ascertained to arise from venereal contamination, facts even unknown to Hunter and Pearson. From these views, both pathological and historical, there cannot be a doubt, but that venereal diseases existed as long as there has been promiscuous connexion between the sexes. Indeed, it could not be otherwise, if Mr. Abernethy's doctrine be true, viz., that even the healthy secretions of one individual, applied to a crude, susceptible, or absorbing surface of another, will occasion ulceration, and that this ulceration may be followed by constitutional disease. In what other way can we account for Mr. Hunter's tooth cases, viz., a tooth transplanted from one healthy person to another occasions ulceration of the gums of the latter, followed by constitutional symptoms bearing some analogy to those of venereal disease, but resisting the powers of mercury for its cure. Analogous to this fact, I have occasionally seen a foul, unwiped lancet used after opening the vein of a healthy person, excite inflammation and ulceration in the arm of another, and this ulceration followed by an eruption of small papulæ, not only in the arm but extending to the body, and attended with a slight degree of fever. From these circumstances, we should be led to conclude that mild forms of disease are eternally arising from the sexual intercourse of even persons in health, and I have so frequently seen troublesome ulcers arise in men who had connexion with women above suspicion, while they had on them, at the time, crops of herpes preputialis, that I feel strongly inclined to this opinion.—I have now, I conceive, adduced sufficient evidence to convince any unprejudiced mind that venereal complaints at all times existed; still it must be acknowledged that a new form of it occurred at the latter end of the 15th century, the period usually assigned to the first introduction of syphilis. Whether it came from America or not is of no importance in the question. We have abundant historic testimony that a new form arose, which astounded the practitioners of that day, and spread consternation over every state in Europe. What then, I would ask, became of the old forms of disease, which existed from time immemorial? Were they, as well as leprosy, extinguished by the new disease?—or is it not more rational to conclude that they continue more or less modified, as all morbid poisons are by time and circumstances, to the present period?—and, therefore, from historic evidence alone, I have strong reasons to insist upon the doctrine of a plurality of venereal poisons.

But it is justly urged that this is a question which must lie in abeyance, until tried by a fair and judicious system of experiments by inoculation—granted. However, in the meantime, we may make use of, and draw conclusions from, such experiments as have been tried; and although they have not been made on the plan that I should have suggested, yet still they have this advantage, that they were instituted by persons who had no preconceived opinions on the subject to support, or by those who were directly opposed to mine: therefore, *their* experiments, when adduced by me, may be relied on with the utmost confidence. But first, in order to show how the experiments in question bear upon my doctrine of a plurality of venereal poisons, it will be of advantage to give a brief outline of the diseases they produce; or, if it pleases some of my hearers better, of the different forms of the venereal disease; for, as I before observed, in a practical point of view it is of little con-



sequence whether there is but one or several distinct poisons, so that we are acquainted with the different forms which it or they present, as our treatment and prognosis of the event will, or ought, to hinge upon those very forms. My classification of venereal complaints is grounded on the character of the eruption, which affords a more certain basis for the classification than primary ulcers, that are far more liable to be modified and altered by a great variety of circumstances, such as the manner of living of the patient, and mode of treatment adopted by the practitioner. Under these views, I have divided them into the *papular*, *pustular*, *phagedenic*, and *scaly* venereal diseases.

With respect to the papular disease, I find its eruption produced either by an ulcer of peculiar characters, or by a gonorrhœa virulenta, internal or external. The ulcer commences in the form of a pimple or vesicle, containing a thin, ichorous matter, which gradually becomes thick and clouded—a scab forms in the course of three or four days, which separating, displays an excavated ulcer, in which state it remains eight or ten days. Towards the end of the second week, the surface becomes on a level with the surrounding skin, or perhaps raised a little above it, presenting a smooth, fungous-like appearance, but without induration, raised edges, or phagedenic margin.

This ulcer, which is the *venerola vulgaris* of Mr. Evans, may, of course, be greatly changed from its natural appearance by the management or mismanagement of either the patient or his medical adviser. Gonorrhœa virulenta is also capable of causing a papular eruption, with its concomitants, inflammation and swelling of the fauces, and pains in the different joints; as is also that external gonorrhœa, or patchy excoriation of the glans and prepuce, usually termed chancreous excoriation. I contend that these three primary affections arise from the same poison, and produce the same train of constitutional symptoms—for we every day meet with them on the same individual, who has acquired them by the same identical sexual contamination; and hence has arisen the error of Hunter, who, supposing that there was but one venereal poison, asserted that when applied to the skin, or a non-secreting surface, it occasioned ulceration—but when applied to the mucous membrane of the urethra, or a secreting surface, it produced a gonorrhœa. But when we come to notice the various experiments of inoculation which have been made, we shall see in what manner he erred—and I shall give you, by-and-by, a satisfactory explanation of the reason, why gonorrhœa, unaccompanied by ulcers, though arising from the same poison which is capable of producing them, is so seldom followed by the constitutional symptoms just detailed.

I shall now notice, briefly, the primary symptoms of the *Pustular Venereal Disease*. It is an ulcer which begins like that of the papular form of venereal disease, as a pimple or vesicle, but does not exhibit its usual characteristic signs, as is the case with other primary venereal ulcers *until the second or third week*. The characters which distinguish this ulcer from others is a smooth surface, (rather inclining to the phagedenic than to the fungous appearance of the ulcer last described at the same period of duration,) with well-defined elevated edges. It has been objected that I have mistaken this ulcer for that first described during its excavated or early stage. But this is not the case—for the ulcer under consideration is in general very obstinate, and I have seen it for weeks remaining unaltered with its elevated edges. I have placed it between the papular and the phagedenic disease, but it is in obstinacy, and in the severity of its constitutional symptoms, much more nearly allied to the latter than to the former.

Mr. Key in his excellent observations on primary syphilitic ulcers, inserted in the *Guy Hospital Reports*, for October, 1839, remarks that “if the line of demarcation, between classes of sores, be not so clear and defined, as Mr. Carmichael describes them, and one class runs *insensibly* into its neighbour, it follows that the poison producing them must possess but slight shades of distinction, and must, like the sores which they produce, closely resemble each other in the middle of the chain, while, at the extreme points, their difference must be considerable.”

These observations of Mr. Key's perfectly apply, not only to the ulcer I have been just endeavouring to describe, which insensibly tends to the phagedenic species, but to all the other symptoms both primary and secondary of venereal diseases; for, though I have afforded strong reasons in favour of the doctrine of a plurality of venereal poisons, yet I never meant to deny that there must necessarily be a great similarity between them, and that they form a chain, the links of which, though distinct, are closely connected.

The pustular form of venereal disease is of far less frequent occurrence in practice than the papular. Its eruption is characterized by pustules of a phlyctenous character, intermingled with papulae. The pustules end in superficial ulcers without phagedenic edges, and heal with great facility, while the papulae desquamate. In the same form of disease aphthous spreading ulcers may appear on any part of the fauces; and the patient is not only subject to pains of the joints, but to nodes on the bones. [Here are excellent delineations of this eruption, which often extend over every part of the body, but particularly on the trunk.]

The primary symptoms of the *phagedenic venereal disease*, is either an ulcer of a corroded appearance, with irregular jagged edges without induration, or one covered by a slough: when the slough separates, a phagedenic surface presents itself, (not a healthy granulating surface like that which succeeds a slough caused by excessive inflammation,) the ulcer still extending by phagedena, another slough may form, and thus, by an ulcerative and sloughing process, the most extensive destruction and mutilation will ensue, if not met by appropriate means. That, which I have just described, may, with propriety, be termed acute phagedena, in contradistinction to a chronic form of this ulcer, in which it proceeds slowly but surely in its destructive progress, spreading with an irregular phagedenic border in one place, while it is healing in another. The eruption, ulceration of the fauces, larynx and nares, the pains of the joints, but, particularly, of the knees, and the obstinacy and frequent recurrence of nodes correspond with the primary symptoms in malignity and destructiveness. If mercury is employed in the early stages of either primary or secondary symptoms, it *often renders this malady actually incurable*, and numbers annually die, after lingering for years, who are thus injudiciously treated. But, fortunately, though it is the most unmanageable form of venereal, we have means in our power in the great majority of cases to cure this disease, provided that mercury has not been prematurely exhibited.

The primary ulcer of the *scaly venereal disease*, unlike that we have just been describing, is remarkably indolent in its nature: it progresses slowly, and occasions little or no uneasiness or pain. Its distinctive character is induration, compared by Hunter to firm cartilage under the skin; but the ulcer is not always excavated, as he describes it. We often, on the contrary, meet with this firm induration under a superficial sore, more deserving the name of an excoriation than that of an ulcer. This, as well as all primary venereal ulcers, commences in the form



of a pimple or vesicle, and does not assume its characteristic induration as I before observed, until the second or even third week. I have seen many surgeons pronounce an ulcer to be a true Hunterian chancre, that had only the fulness around it, which the most simple sore would present when irritated by red precipitate, or those dressings usually applied to venereal sores. This is, however, totally different from the induration, "like a piece of cartilage under the skin terminating abruptly," of the primary ulcer we are considering. The constitutional symptoms of the last-mentioned disease, partake of the indolence of the primary affections. The fever which ushers in the eruption is scarcely perceptible, and is only indicated by an appearance of ill health without other morbid symptoms. The eruption, both of psoriasis and lepra, are equally chronic and slow in their progress: and the ulcers of the tonsils, which, though often deep and foul, excite so little uneasiness, that their presence is as often first discovered by the surgeon as by the patient. Pains in the head and in the shafts of the long bones, with nodes, are frequent; but the joints are not so liable to be affected as in the other forms of venereal already detailed. It is thought that this form of disease was the most prevalent in Hunter's time, as his description is more applicable to it than to the other forms; but if this has been the case, it certainly has, in a great measure, been superseded by the papular disease, for I might with safety say, that for thirty or even forty cases I meet with of the latter, I do not meet with one instance of the indurated chancre with its scaly eruption.

Mr. Mayo, in a late lecture published in the *Medical Gazette*, says, that it is still quite common in London: but, perhaps, this highly respectable surgeon is not so particular as I am concerning the degree of induration which characterizes the Hunterian chancre, and also not so scrutinizing as I consider it my duty to be concerning the stages of an eruption, with the view of ascertaining whether it was scaly from the commencement, or only became so by the desquamation of papulæ or minute pustules.

Now, gentlemen, having thus given a brief outline of the distinctions I have made of venereal diseases, or, if you will, of the various forms of the venereal disease, grounded upon the character of the eruption, a classification which is of great practical utility, I have, in a great measure, as far as this subject is concerned, vindicated the uniformity and regularity of the laws relating to morbid poisons, and shewn that Dr. Bateman was wrong when he asserted that "venereal eruptions assume such a variety of forms, that they bid defiance to arrangement according to their external character; and, in fact, that they possess no common or exclusive marks, by which their nature and origin are indicated. There is, perhaps," he continues, "no order of cutaneous appearances, and scarcely any genus or species of the chronic eruptions already described, which these secondary symptoms of syphilis do not occasionally resemble. Dr. Willan pointed out, among the papular, scaly, and exanthematous affections, several species to which the resemblance was most obvious; and the pustular and tubercular eruptions would furnish still more accurate examples of similarity."

There are, no doubt, some cutaneous appearances common to every form of venereal disease; for instance, there is a dusky mottling of the skin, which I have sometimes seen to precede the more regular forms of the eruptions detailed, and sometimes it will exist alone, and gradually disappear without the aid of mercury.

Another cutaneous appearance, common to all the forms of venereal, is afforded by an eruption where

one fold of skin is naturally in contact with another, and which is therefore kept constantly moist by the secretion of the part—for instance, in the axilla and in the fossa of the nates, where the eruption will extend, no matter of what character, into those soft elevations of the skin termed condylomata.

In my next lecture I shall consider the various experiments of inoculation, which have been instituted with the view of ascertaining whether there is only one or a plurality of venereal poisons.

## CLARE INFIRMARY.

### FALSE JOINT TREATED BY SETON. TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, 20th February, 1840.

GENTLEMEN,—The subject of false joint, after fractures, is one which, I believe, possesses deep interest in the mind of every surgeon, and claims from him the greatest care and attention, both for the sake of his patients, and for preserving his own reputation. I do not mean, here, to discuss the value of the various methods of cure, which have at different times been proposed and put in practice. Were I to do so, it would, as far as I am concerned, be only to indulge in theory, as I have not had any practical experience regarding them. The plans of rubbing the ends of the bones together, or cutting down upon them and sawing them off, have been found either so often unsuccessful, or being so painful and frequently dangerous, that in general practice they seem, now, to be nearly abandoned. The method by seton seems the one in which the profession feels most confidence, as a local remedy; not, however, forgetting, that the constitution and general health of the patient must be carefully attended to. To Dr. Physick, of New York, great credit is due in this department of surgery. This plan, like all others, has often failed also, but I believe, amongst the proposed methods it has been found the most successful. To a man who must labour for his bread, a false joint is a most deplorable misfortune; and the means which prove successful, in any given instance, may, therefore, be worth recording, in order that, under similar circumstances, a trial may be given them by others. With this view, the following case is sent for insertion in the *MEDICAL PRESS*, which is so valuable, not only as a powerful engine to direct against monopoly, illiberality, and corruption, but also as a means of disseminating important surgical facts, and conveying into remote districts, useful professional knowledge.

I am, Gentlemen,

Your obedient servant,

SIMON ENRIGHT. L.R.C.S.I.

JOHN M'MAHON, of Ennis, a carman, aged 48, was admitted a patient into the Clare Infirmary, in the middle of the night, on the 28th of September, 1839. I saw him in a few minutes, and I found a compound fracture of both bones of his left leg, at about the lower third of the tibia, with about two inches of it projecting through a very narrow, transverse wound of the integuments. The bone was fastened in an extremely oblique direction, so that the protruding portion presented a very sharp angle, and the wound being so small, could not, in any position of the limb, however relaxed the muscles were made, be reduced into its natural situation. It was entirely denuded of periosteum for an inch in extent—was so sharp-pointed and spiculated, that instead of cutting down through the integuments upon which it lay, and thus reducing it, I deemed it best, under these circumstances, to saw this piece off, which I did, and then



with ease accomplished its reduction. In corroboration of the propriety of this practice, I beg to refer the reader to cases given by Mr. Dunn, in the twelfth volume of the *Medico-Chirurgical Transactions*.—At the time I reduced this fracture, the patient, M'Mahon, was quite drunk. He had been coming from Limerick on the night of his admission into hospital, with his car laden with merchandise. There was 21 cwt. on the car—he was stretched on the top of the load, drunk and asleep—he tumbled off towards the side of the car—the wheel rolled over his leg, and thus was produced the above described compound, and, I perhaps might add, comminuted fracture, some small fragments of bone being separated from the tibia. I placed the limb upon the outside, and in the semiflexed position, an eighteen-tailed bandage, a soft pad, and an under-splint were applied. A pledget of lint, soaked in the blood that issued from the wound, was placed as a dressing lightly over it, in the hope of getting, as much as possible of it to unite, by the first intention—and straps of calico were laid loosely across the limb, being fastened to the mattress at either side of it, in order to obviate the effects of any spasmodic contraction of the muscles, and an attendant was left by his bedside to watch him until he became sober. The man being stout and healthy, and the general state of the limb being rather favorable, I felt no hesitation, in deciding that it was my duty to attempt to save the limb, and, more especially, in a labouring man, not to sacrifice it by amputation.

29th September.—To-day he is sober and tranquil—pulse but little accelerated—the limb is slightly swollen, but not hot or painful—tongue white—bowels confined.

Haustus purg.

30th September.—But little inflammatory fever—bowels well acted on—limb but little painful—it is somewhat hot and tumified.

Lotio frigida cruri.

Haustus anodynus hora somni.

October 2d.—No untoward symptom occurred since last report—the wound was dressed simply, to-day, and looks favourably. Under these circumstances, neither venesection or leeches were considered necessary; for, I believe, that in severe compound fractures, the patient's strength should be husbanded as much as possible to bear him up against the after stages of his illness.

On the 6th of October, he was placed upon the middle diet of the hospital.

On the 13th of October, a small slough appeared in the bottom of the wound—he was placed on full diet, and linseed poultices applied, and opiate draughts given at bed time.

On the 22d of October, the slough separated, and the bandages were tightened, and the wound lightly dressed, full diet and regulation of the bowels being all the treatment required.

At the end of six weeks, it was found the bones were not united, and that a false joint existed. I now introduced a seton from without, inwards, and I left it in for five weeks, at the expiration of which I found the bones sufficiently consolidated to allow of its safe removal.

Though it would be difficult to prove the negative, it is a question, whether this case would have ended in a false joint, had the protruding end of the bone not been sawn off, but had an incision been made with a scalpel through the integuments beneath it, and thus to have reduced it. It terminated in an extremely sharp point, was thin and jagged, and was completely denuded of periosteum by the violent force of the cart wheel, which caused its displacement. I, therefore, thought it would, at all events,

exfoliate, and might, by its sharp end, cause great irritation if not removed.

This case is put forward, not with a view to argue one way or other, as to the propriety of the practice adopted, but to prove the utility of the seton. The deficiency, (as appears in the annexed sketch,) where the bone was sawn away, one would, *a priori*, suppose have been filled up by the formation of callus. I saw a similar case, a few years ago, in the Clare Infirmary, in a young boy, where a much larger portion of bone was removed, and yet a firm, bony union, in the usual time, resulted. The place where the seton was passed is marked by a dot in figure two; and the case is satisfactory, inasmuch as it proves that this mode of treatment produced the desired deposition of bony matter by which the ends of the bones were firmly consolidated.

FIG. I.



FIG. II.



Fig. I. represents the manner in which the tibia was broken, the upper piece protruding through the skin, as far as the dark line, where the saw was applied.

Fig. II. represents the bones when the fracture was reduced, and all the parts *in situ*; and the dot, where the bone is deficient, shews the part at which the seton was introduced.

## MEETINGS OF SOCIETIES.

### ACADEMY OF SCIENCES OF PARIS.

FEBRUARY 10TH, 1840.

M. VELPEAU read the following account of a new description of monstrosity:—

The case which I have now to lay before the Academy is amongst the most extraordinary hitherto observed. It is a case which is interesting as regards surgery, pathological anatomy, generation, and general physiology, and to which there is nothing analogous amongst facts hitherto recorded. In fact, we have here to deal with a portion of a living foetus, attached to the testicle of an adult male, in which situation it appears to have lived and been developed—a fact so strange, that its truth might well admit of



doubt, if the patient and the tumour had not been examined by several hundreds of physicians and students, and the operation performed before five hundred spectators.

— Gallochat, aged 27, was admitted into La Charité, the middle of last January. A tumor about the size of the clenched hand existed at the right side of the scrotum. The tumor appeared unconnected with the testicle, the skin covering it was quite dissimilar to that of the scrotum, and it seemed to me that it was essentially different from any known class of tumors. Of several surgeons who examined it, some considered it malignant, others fibrous, others again tubercular. With none of these opinions could I agree, and considering that the origin of the disease dated from birth, that it had never been attended with pain, that the tumor could be incised and even transfixed from side to side without occasioning the least suffering, taking into account the peculiar aspect of the skin covering it, and observing its elasticity, the indurations to be felt in its interior, a bundle of hair which projected from an ulcer on its posterior surface, a reddish tubercle perceptible at the bottom of another opening, and that glairy or grumous discharges had sometimes found exit from those openings, I concluded that the tumour was a *fetal tumor, a product of conception*.

I obtained the following account from M. Senoble, respecting the early history of the tumor. He had seen the patient when about four months old, there was then a slight tumefaction of the scrotum. Some months later the scrotum was the seat of a slight inflammatory swelling which he regarded as a simple phlegmon, and which yielded to topical emollients, and M. Senoble heard nothing more on the subject until after the lapse of three or four years, when he was informed that the tumefaction of the scrotum has progressively augmented. This account though imperfect, confirmed me in the view I had taken, a view, however, which seemed to others so improbable, that I found not one to coincide in it. I then determined to remove the tumor without interfering with the testicle, to perform as it were a *Cæsarean operation on the male*. The details of the operation I shall for the present neglect, suffice it to say, that all went well.

On examining the tumor it was found to contain almost all the anatomical elements of a mammiferous animal. Its external envelope was obviously of a cutaneous nature. Its substance chiefly consisted of a mixture of lamellæ and fibres, representing the cellular, adipose, fibrous and muscular tissues. Internally there existed two cysts filled with a material analogous to albumen or the vitreous humor. Another cyst, the size of the egg of a partridge, contained a greenish yellow liquid analogous to meconium, while another sac was filled with a grumous dirty yellow substance, intermixed and surrounded with hairs, which being analysed and microscopically examined by M. D'Arcet, presented all the characters of sebaceous matter and epidermic scales. The bundle of hair seen externally projected from the cyst, filled with the yellowish liquid, so that here we have an opening presenting some analogy to the anus.

Finally, in the midst of the foregoing structures, we found numerous portions of the skeleton perfectly organised, and indisputably appertaining, as (inspection proves) to true bones, and not to accidental formations. These bones which were covered with a kind of periosteum, and which consist of distinct pieces moveable on each other and presenting genuine articulations, may be divided into three categories. The first group is essentially composed of three pieces, in which I imagine that I recognise the clavicle, the scapula and part of the humerus. The second

much smaller seems to belong to the pelvis or possibly the base of the cranium; the sphenoid or else the sacrum constituting its central portion. The third group may comprise portions of the vertebrae or other undetermined bones.

By whatever names, however, we may designate these parts, they undoubtedly belong to a product of fecundation, to a fœtus which had made considerable progress in its development. Having placed the material proofs of this before the Academy, I shall not further insist on this head. It remains, however, to account for the fact, and I have not found any similar monstrosity described. In the monstrosity by inclusion described by Dupuytren, Geoffroy and Ollivier, the fœtus absorbed by the other has been always surrounded by a cyst, a foreign body, in fact, in the tissues of the fœtus that continued to live. The examples stated by Saint Donat, Prochaska, Dietrich, Eckl, &c., of fragments of a fœtus found in the scrotum, were those of encysted tumors, necrosed bones, or organised parts, altered by suppuration, and in a state of decomposition. In the case I have detailed, however, the parts continued to live. The tumor had its own peculiar colour, consistence and proper sensibility, quite independent of the individual on which it lived, a distinct well marked line defined its integuments from those of the scrotum. I have pinched it with the utmost force, punctured it with various instruments, the young man himself had often run a knife into it without experiencing the slightest pain; and yet, all these wounds bled copiously, inflamed, and cicatrised as if inflicted on any other part.

When we further consider that the tumor equalled the shut hand in size, and refer to M. Senoble's account of the state of the parts at the early periods of life, we must conclude that the portions of the fœtus found in the tumor, must have *lived and been developed along with the individual to whom they were attached, that they were two individuals conjoined together*.

But how did the event occur? Is it that during intra-uterine life, a portion of one fœtus became attached to the scrotum of the other and remained there like an excrescence as it were?—or was the tumor the remains of a fœtus at first included in the abdomen of the other, and which subsequently descended into the tunica vaginalis? Or finally, was the growth an entirely new formation? But I shall not enter into those difficult questions of transcendental physiology and anatomy, until the preparation which gives rise to them, has been fully examined by the Academy.—*Gazette Medicale de Paris, 15th February, 1840.*

#### TO CHRISTOPHER FLEMING, ESQ., M. D.

SIR,—In the last number (XLIX) of the *Dublin Journal of Medical Science*, you have inserted a lengthy and learned paper, extending to twenty-six pages, entitled—“*Practical observations on peculiar affections of the throat, arising from abscess between the pharynx and spine, and occurring in children and adults.*” This paper I read with attention; and, after wading through these twenty-six erudite pages, recollected that the information they contained was conveyed to the class at the Richmond Hospital, in about as many words, in a lecture of which I have the notes, by Mr. Carmichael, who briefly observed—“If gentlemen, you are called upon to see a patient with extreme difficulty, or a total inability of swallowing, (not attributable to hysteria or any nervous affection,) and that, on examination, you do not find any swelling or inflammation of the fauces, and that the patient at the commencement of the complaint, breathed with freedom, though, perhaps, as it



advanced, his respiration became more or less affected; you may be certain you have a tumour, most probably containing matter situated in some part of the œsophagus, to contend with. The situation of these abscesses is in general in front of the vertebræ, immediately behind the larynx, and the upper part of it may be distinctly felt by the finger, although an abscess here feels tense and elastic from the unyielding nature of the fascia which covers it, yet a very small degree of the *tactus eruditus* will enable you to ascertain whether it is solid or contains a fluid. If the latter is the case, pass a bistoury into it at once, which will give immediate relief, and no danger will arise, when the patient is on his guard, of suffocation, from the matter passing into the trachea. But if you have any apprehension on this head, use a curved trocar, for instance, this trocar of Sir Everard Home for puncturing the bladder through the rectum will answer well, and you are quite safe in using it boldly, even should the abscess be deeper than this point, if you keep to the central line of the bodies of the vertebræ."

Mr. C. observed, that he had met with abscesses frequently in this situation—that they occasion great distress, and if relief is not obtained by a timely opening, may be attended with danger, and referred the class, in elucidation, to a paper on Tracheotomy, he published some years before, in the third volume of the Transactions of the Dublin College of Physicians. You, dear sir, also refer to these cases without mentioning the name of the author, although you acknowledge in a note, "that the remarks they contain on the diagnostic signs of abscesses between the œsophagus and spine, with the requisite treatment, will amply repay the medical inquirer." I did not know that this reference was to Mr. Carmichael's paper, until I looked into the volume of the Transactions, so carefully is all mention of his name avoided. But why not mention the name of the author who threw most light, indeed the only light afforded, upon the subject of your paper?—while you astound us in every page with the high-sounding names of Petit, Cloquet, Allan Burns, Sir Astley Cooper, Sir Henry Marsh and Mr. Cusack, persons who, though great, threw little or no light upon the object of your researches. Did you fear that the announcement of Mr. Carmichael's name might rob you of a portion of your merits, for you could not pass by his paper unnoticed, without incurring the risk of imputed ignorance, or intentional neglect? Or were you afraid, by the mention of his name, of incurring the displeasure of your patron, and near connexion, Mr. Cusack, or that of Sir Henry Marsh, and the other members of the anti-reform medical club?

I have the honor to be, sir,

Yours, &c., &c., &c.,

A STUDENT OF THE RICHMOND HOSPITAL.

## REVIEWS AND NOTICES OF BOOKS.

SKETCHES OF ANIMALS. BY A STUDENT OF NATURE. No. II.

These interesting sketches are continued in the same lively and graphic style which has so often delighted our readers. The present number contains an account of the habits and manners of the fox; and the following anecdote, which we take the liberty of extracting, would appear to be conclusive with regard to the mooted point—as to cross-breeding between this animal and the dog:—

"Near where I lived at the time was a nursery garden in which was kept a tame dog fox, called 'Charlie;' this creature had been taken young, and was very familiar, allowing himself to be caressed by

such strangers as chose, and even exhibiting much pleasure when patted or noticed. On coming one day, unexpectedly, upon the nook of the garden in which 'Charlie's' kennel was placed, I caught him in the act of concluding an amour with a little female terrier, the property of the person to whom the garden belonged; I immediately apprised the man of the circumstance, and he, at my request, confined her in a secure place until all danger of her proving unfaithful to her lover, 'Charlie,' was over. In sixty-three days, or thereabouts, she brought into the world four whelps, closely resembling their sire in appearance—possessing his erect ears, bushy tail, and obliquity of eye; one of the little mongrels resembling him likewise in colour, it was a difficult matter to point out in what particular he differed from a genuine fox; the colour of the others varied, white, black and white, and black and grey, taking more after the mother. One of these, a female, afterwards produced puppies to a dog, some of which I saw myself."

## BOOKS RECEIVED.

*A treatise on the ear, including its Anatomy, Physiology, and Pathology—Prize Essay.* By Joseph Williams, M.D. 8vo., pp. 255. London. 1840.

*A Compendium of Materia Medica and Pharmacy.* By J. Hunter Lane, M.D. 18mo., pp. 308. London. 1840.

*Aphorisms on the Treatment and Management of the Insane.* By J. G. Millingen, M.D. 18mo., pp. 202. London. 1840.

## CORK MEETINGS.

At a Joint Meeting of the Western and Eastern Medical Societies, held on Thursday, 12th March, 1840, at Lloyd's Hotel, Cork, Dr. JAGO, of Kinsale, in the chair; Dr. D. B. Bullen, one of the Surgeons of the Cork North Infirmary, laid before the Societies a most interesting paper on medical evidence in cases of alleged violation.

Petitions, to both houses of parliament, praying for a thorough reform of the medical institutions of the country, and also praying for a new and permanent system of medical charities, were unanimously agreed to, and ordered to be signed by the President and Secretaries on behalf of the Societies.

At Two o'clock, a General Meeting of the Medical Profession of the County and City of Cork, was held at the same place, Sir JAMES PITCAIRN in the chair.

A letter was read from Dr. Kingsley, of Roscrea, calling the attention of the Meeting to the subject of medical charities.

Dr. DONOVAN, of Skibbereen, moved the first resolution, as follows:—

"That the public charities of Ireland, depending, for their support, upon private subscription, and grand jury presentments contingent upon them, are now reduced to the greatest distress; in many instances, have been altogether closed, and are likely to be eventually annihilated."

He said—the language of this resolution speaks for itself. It is now quite clear that the anticipations which were entertained relative to the effect of the poor-law will be realized, and that this enactment will lead to the annihilation of the existing medical charities, and I do much regret that any bad consequences should result from this great measure, which I look upon as calculated, in the highest degree, to improve the moral and physical condition of the peasantry. What was before a mere matter of uncertainty and surmise, is now a plain and palpable fact,



not only is private support withheld from the dispensaries, &c., but the grand juries in many parts of Ireland are refusing the public grants. This principle has been acted on in Clare and Roscommon, and the example will no doubt be followed elsewhere. Annihilation of the existing charities is certain unless prevented by the active exertions of the profession throughout Ireland (hear.) Our motives will no doubt be regarded with suspicion by the public, and we will, ourselves, be looked on as interested parties. I admit that we are interested, and I would consider it a piece of absurd cant to say that we were not; but I ask of what signification is it by what motives we are influenced, if the poor be benefited, and the interests of the community advanced (hear.) By the humane and benevolent it will be at once admitted that the struggling man afflicted with disease should command our warmest sympathies—the lives and health of the working classes are of as much importance as the lives and health of the wealthy; and it will require little argument to convince them that it is an evil of no trifling magnitude to transfer the poor from the experienced and well-educated practitioners, to the hands of ignorant and fraudulent empirics, an effect which will no doubt be produced by the destruction of dispensaries (hear, hear.) The mechanics and small landholders, who are at present relieved at these institutions, unable to pay a fee to a regular practitioner, will become the victims of every impostor, who will practice on their credulity, and give them bad value for a small price. At present this class is better attended than the middle order; the latter, in cases of slight illness, (to save a guinea,) rest satisfied with “Frampton’s Pill of Health,” or “Morison’s Universal Medicine,” whilst the tradesman, labourer, or small farmer will resort to the dispensary, and thus avail himself of the best advice in his neighbourhood. On the cold and heartless votaries of political economy any argument founded on benevolence, and the justice of the case would be thrown away—by them the death of a pauper is regarded as a relief to the community—the nearest way to their hearts is through their pockets, and to them I would say, that an efficient, comprehensive, and well-regulated system of medical relief, is the best means of preventing pauperism, and thus avoiding the pressure of an overwhelming poor-rate (hear.) How many cases of accident and acute disease occur every day in our practice, where timely assistance saves the father of a family from death, or from being disabled for life, and thus rescues his children from pauperism, and the public from the expense of supporting them. Now, Mr. Chairman, I ask how is the extension of medical charities to be prevented? One course, in my opinion, lies open for us to pursue, and that is to apply to have them placed under the poor-law commissioners (hear, hear.) We will then have an administrative machinery, with ample powers and ample means to support them well. We will have a board uninfluenced by partial views, or local prejudices, which will do justice to the medical attendants by proportioning remuneration to the amount of duty performed: and another advantage resulting from having them placed under the poor-law commissioners would be—that sites for medical establishments would be selected, in every instance, with reference to the benefit of the poor, and not the convenience of the rich (cheers.)

Dr. D. BULLEN had much pleasure in seconding the resolution so ably proposed by his friend Dr. Donovan. The time was now come, when the persons who were anxious to provide relief for the sick poor, and reform, improve, and extend the public institutions for that purpose, must admit the conviction, that the doom of the existing medical charities of Ire-

land was sealed. He firmly believed, that before two years the infirmaries and dispensaries throughout the country, would be utterly annihilated. Imperfect as had been yet the operations of the new poor-law, its influence had been already most injurious to the charities. It must be some years before the poorhouses would be capable of conferring any good, meanwhile, the active usefulness of the medical institutions was curtailed—private benevolence and the accustomed sources of charity were checked, and destitution was increasing to an extent, that the administrators of the poor-law either did not understand or did not wish to admit (hear.) From his experience derived from many years’ service in the professional duties of the public charities in Cork, he was sure that before many weeks the poor-law guardians would find themselves in a situation of extreme difficulty in resisting the demands of the many thousands utterly destitute in this city, who, when the workhouse is opened will claim its shelter. The new poor-law has been introduced into Ireland without a single measure to mitigate or remove the causes of destitution. Its sole object is to throw upon the property of the country the support of the destitute, and if the possessors of property in Ireland do not beware in time—if they do not maintain those institutions which have been the only checks upon the spread of pauperism, they will find such a mass of destitution brought to bear upon the new system of relief as will either crush that system by its weight at the very outset, or if the poor-law be fairly carried out in its present spirit, will effect a confiscation of property as complete as an Agrarian law (hear, hear.) The public may imagine that medical men merely viewed the subject of sick relief as a purely medical question, but the members of the profession were not only citizens, but also possessors of property, he would say that the amount of tax about to be imposed upon the properties of medical men in the shape of a poor-rate, would far exceed any emolument the profession could ever derive from public professional services. No class of society had better opportunities for forming an opinion as to the condition of the poorer classes, and of judging as to the probable results of the great experiment of the poor-law. The profession were deeply solicitous for the success of that great measure, but it was, he believed, their universal opinion, that the workhouses would be a total failure, most ruinous to the best interests of the country, if unaccompanied by a measure for securing adequate relief to the sick poor unable to purchase that relief for themselves (hear, hear.) It was in contemplation to provide a certain extent of hospital accommodation in each workhouse, about fifty or sixty beds. This would make on the 100 workhouses about to be built 5 or 6000 beds, an amount of intern relief much more extensive than the infirmaries and dispensaries throughout Ireland at present afforded. The hospital accommodation to be provided in the workhouses, must be confined exclusively to the utterly destitute. But the great bulk of the people in Ireland were, we may say in an intermediate state between being barely solvent and utterly destitute. Whenever sickness in any shape attacked the working members of that great bulk of the population, the utter destitution of themselves and their families, was the immediate and direct result. It is to guard against the pauperizing influence of sickness amongst the labouring millions of Ireland, only one degree removed from the utterly destitute, that a public system of sick relief is absolutely demanded (hear, hear.) This relief cannot be connected with the workhouses, administered upon the present principles; and let the existing medical institutions be extinguished, and the gentry of the country will find that they have lost the only real safeguards at present in operation to pre-



vent such a spread of destitution, as the property of Ireland could never withstand. He would not now enter into any details as to the best manner of administering public medical relief, but he believed the poor-law commissioners had quite enough on their hands, and that although the money to be applied to that purpose, ought to be raised as part of the poor-rate, he was sure the satisfactory working of any such system would be best secured by submitting the details to an adequate medical control.

Dr. MURPHY, of Cork, said that he was not prepared to go the length of asking to have the medical charities placed under the poor-law authorities, there was a limit to workhouse relief which, he conceived, rendered it incapable of effecting what was required. Every man present was concerned, both as a ratepayer and a medical man, and he maintained, that medical relief to the destitute merely was not all that was required. The labourer, the artisan, and the small farmer needed medical relief, such as is now given by the medical charities, and if they did not receive it, they and their families must become destitute and ultimately burthensome to the poor-rate. He thought there should be a distinct provision made for the support of the medical charities, (hear, hear.) He concluded by moving the following resolution:—

“That it is the opinion of this meeting, that it is the bounden duty of the legislature to provide for the medical relief of the sick poor, not at present contemplated by the poor-law commissioners, and that, under existing circumstances, immediate legislation is necessary, as the best means of preventing the spread of pauperism.”

Dr. JAGO of Kinsale, in seconding the resolution, said—My learned friend, Dr. Murphy, has so forcibly stated the reasons which should induce you to pass this resolution, that I can have very little to add to what has already been so ably adduced by him in its support; but, nevertheless, I cannot refrain from expressing my strong conviction, that the act of receiving, and adopting it by this meeting, (however large, and however fully representing the feelings of the profession in this great county,) will be attended with very little success, and that nothing can be done to ameliorate the condition, or improve the prospects of medical men, until they are linked together by some stronger bond of union than that which brings them together at present (hear, hear.) A regular organization of the profession is that which alone is required to render it more independent. By frequent meetings, and a well regulated agitation, you will be enabled to press your claims more energetically on the attention of the legislature; and you will cease to be, what you at present are, the most unprotected, because the most disunited body of educated men in the empire (hear, hear.) Why is it, that in your official stations, as attached to public institutions, you are treated with contumely? Does not this arise from your own apathy? Is it not because you act as isolated individuals, and not as an organized body, having a central council to assert your independence, and maintain your privileges? I do not myself belong to any public institution. I hold no situation of emolument: but feeling as deeply interested in their welfare, as any of my brethren who do, I must confess, that I read with great surprise an account of the proceedings before the grand jury, during the present assizes, relative to the Freemount Dispensary (hear, hear.) Why, these gentlemen conceived the sum of £120 a year an enormous salary for a gentleman who devoted his time and talents to the poor of a large and populous district. What waste of the public treasure!! Did it not occur to these guardians of the public purse, that the gentleman, whose stipend they so unceremoniously curtailed, had spent the best days of his life, and had invested a large capital in

acquiring that knowledge which qualified him to fill the situation, at a salary which no respectable merchant would think of offering to his confidential clerk: and all this, too, when we read of the very different manner in which the claims of the baronial high constables have been adjusted (hear, hear.) All attempts at reduction in this quarter were futile, no one member of this body had his salary reduced, and in two or three instances it was increased to one-third more than that at which the occupant had accepted his office—do not suppose that I mean to undervalue the services of those gentlemen, or to say that they are overpaid—far from it (hear, hear.) I know that their duties are very onerous, their responsibilities very great, and that the remuneration for their trouble is scarcely adequate—but I merely allude to it as an illustration of my argument to shew the unprotected state of our profession, and how little our interests are attended to in comparison with those of others, and to impress this fact on you that until you become a more regularly organized body you may look in vain for redress (hear, hear.) I draw no other conclusions from this different mode of proceeding toward two different classes of men, I leave that to you, and having already occupied too much of your time, shall conclude by again recommending union, and most heartily seconding the resolution.

Proposed by Dr. BULLEN, sen., and seconded by Dr. FITZPATRICK, of Kilworth—

“That the general interests of society require that institutions, for the purpose of giving such relief, should be insured the full benefit of the most improved medical and surgical skill, by a legislative provision that no person shall be employed in administering that relief who has not been ascertained to possess proper medical qualifications.”

Proposed by Dr. CORBET, of Innishannon, and seconded by Dr. LYNCH, of Charleville—

“That we consider that these objects cannot be effected in any way but by a thorough reform of the existing medical institutions, and a legislative establishment of a national system of medical education and organization of the profession.”

Dr. MAUNSELL said that as the resolution before the chair referred to the subject of union and organization, he would wish to trouble the meeting with a few observations. It was not necessary to dwell upon the many grievances under which the profession laboured, as they were now universally acknowledged. He (Dr. M.) would proceed at once to enquire what was the remedy for those evils, and he thought it would not be difficult to shew that it might be stated in a word to be—Association. He was often asked how would association furnish a remedy, and he would endeavour to shew how it could do so; first by restraining the ruinous overgrowth of the profession, and secondly, by providing the means of protecting those already engaged in it—restraint and protection were all that they required—now it might be asked was restraint justifiable, and to what extent? He (Dr. M.) maintained, that it was justifiable upon every sound principle and upon many analogies, so far as it could be exercised, by obliging all who entered the profession to shew, by a fixed and definite test, that they had been properly educated for its duties; and to the extent of defining the medical character (hear.) Thus, in courts of justice, questions of civil and criminal law frequently depended upon medical evidence: was it not right that there should be some definition as to what entitled a man to be considered as a medical witness? Yet no such definition existed; a man might be hanged or acquitted, or an inheritance might be decided upon the testimony of any one who chose to say that he was a doctor (hear.) Again, the liberty of persons said to be lunatics, was



liable to be invaded upon the evidence of a medical witness, and yet no law specified who was or was not entitled to that character. Was it not obvious to every member of society, that it was the interest of the community to remedy these defects? The medical care of the poor also might be entrusted to any one, whom guardians or governors chose to elect, and yet it had been well shewn by the committee of the Cork poor-law guardians, that the pockets of the public were deeply interested in having persons appointed to such duties, who understand the means of preventing as well as curing disease (hear hear.) They had shewn, that while the pauper in health costs three pence and a fraction, the poor man, who from want of medical care is allowed to become a sick pauper, costs so much as eight pence. It ought not to be difficult to shew these gentlemen, that a definition of the medical character and a means of ensuring its possession by those whom they employed to take care of the health of the poor, would be a wise economy as well as a measure of justice to themselves, their families and the public. He (Dr. M.) would not go into the question of qualification or license for private practice, but he thought he had shewn that restraint, to the extent of providing a test of the medical character and evidence of suitable education was justifiable so far as regarded public medical service (hear.) In favour of providing such, there were also many analogies—restraint was imposed upon the profession of the law in both its branches, and an annual tax even was imposed on attorneys without payment of which they could not exercise their calling. In trade also, restraints were laid on—in the sale of spirits for example, in order to benefit the revenue, and again in the sale of gunpowder, in order to secure the public peace. If gunpowder could not be made or sold by every one who pleased, because it might be used in disturbance of the peace of the community, was it not most reasonable that the same community should also be protected against the indiscriminate administration of deadly poisons, and that some controul should be exercised over those who had daily charge of the lives and limbs of its members—he might also say of their property, for nothing could be more true, than that every shilling expended upon the sick was so much lost, from the productive capital of society. A well organised medical profession, therefore, qualified by their knowledge to prevent as well as to cure disease—to preserve the physical power of men as well as to alleviate their sufferings, must be looked upon as, to a certain extent, guardians of the productive capital of the country (hear hear.) As to the *modus operandi*, whereby association and union would provide this necessary restraint and also the second essential requisite, protection, he (Dr. M.) would say that it was by giving the profession political importance, which would eventually lead to the establishment of an efficient professional constitution and government. Many objected to the use of the word 'political' in a society of medical men. This objection arose from ignorance of the extensive meaning of that word. It was true that medical men ought not embark in sectarian broils, or become partisans in a 'war of opinion' (hear, hear.) But such pursuits were factious not political. Consider politics in a wider sense, and in that in which he (Dr. M.) wished to use the word, and did it not mean, the science of the operation of the private interests and motives of individuals upon the welfare of collective masses of men? (hear.) What, but good to mankind, ever resulted from the honest pursuit of such politics? When engaged in by medical men, must it not lead to the improvement of the physical welfare of the human race, and, consequently, to the advancement of commerce, of rational freedom, and of civiliza-

tion? Would not the very disputes of medical men, on the subjects embraced in their section of that comprehensive science, necessarily tend to the production of such results? (hear, hear.) True politics—politics of this character, he (Dr. M.) wished to see the profession engaged in—political importance of the kind which he had described, he was desirous they should obtain; and the only and sure way to do so was, association and union among themselves (hear, hear.) This must eventually lead to a permanent constitution of the profession in one or other of three ways—by a supreme licensing and governing body, either nominated by the crown, or elected by the profession, or appointed by a mixed mode, as, for instance, the crown selecting from a number of names returned by the profession. He would not venture to decide as to which of these plans was the better one: but it appeared to him that any one of them would effect the objects of providing wholesome restraint upon the admission of members into the profession; and of affording us protection, by incorporating us into the general system of social polity, from which we are now but outcasts (hear, hear.) The practical conclusion to which he (Dr. M.) would wish to lead the sense of that important meeting was—that they should use all their influence to support, and render efficient, the Central Medical Association of Ireland (hear, hear.) Let them do so by their names, by a very small subscription, and, above all things, by a confidential communication of their opinions, feelings, wishes, and wants; and they must, before long, obtain every object beneficial to themselves and society, which they could reasonably desire (hear.)

The following resolutions were then put, and unanimously adopted:—

Proposed by Dr. JAGOE, of Bandon, and seconded by Dr. BARRY, of Rathcormac—

"That petitions, founded upon the foregoing resolutions, be forwarded to both houses of parliament."

Proposed by Dr. O'BRIEN, of Carrigaline, and seconded by Dr. REARDON, of Doneraile—

"That the Medical Association of Ireland appears to this meeting to be well calculated to form a rallying point for the profession of Ireland, and that we pledge ourselves to give it our support."

Proposed by Dr. HARRIS, of Glanmire, and seconded by Dr. CÆSAR, of Cork—

"That the MEDICAL PRESS possesses, and is well worthy of the full confidence, support, and approbation of the profession; and that this meeting record, with pleasure, its admiration of the bold, consistent, and independent manner, in which that periodical continues to advocate the rights and privileges of the profession."

SIR JAMES PITCAIRN having been moved from the chair, and Dr. BULLEN, sen. called thereto, it was proposed by Dr. HAINES, of Doneraile, and seconded by Dr. BENNETT, of Cork—

"That the marked thanks of the meeting are due, and hereby given to Sir James Pitcairn, for his conduct in the chair, this day, as well as for his able support of the interests of the profession upon every occasion."

The Members of the Western and Eastern Medical Societies dined together in the evening, at Lloyd's Hotel, Dr. O'NEILL of Fermoy, presiding. The following toasts were drank, and a most agreeable evening spent:—

"The Queen."

"The Medical Association of Ireland, and Dr. Maunsell."

"The Western Medical Society, and Dr. Corbet."

"The Eastern Medical Society, and Dr. Lynch."

"The Cork Medical Faculty and Dr. D. B. Bullen."

"Richard Carmichael, the first medical authority in Ireland, and the consistent friend of the profession."



"The Medical Committee of the County and City of Cork, and Dr. Murphy."

"Dr. O'Neill, our respected chairman," &c., &c.

The following are the Petitions:—

I.

"That the necessity for a reform in the medical educational institutions of Great Britain and Ireland, being now universally admitted, your petitioners earnestly entreat that your honourable house will speedily take such measures, as to your wisdom may seem best fitted, for the establishment of an uniform and efficient system of qualifying practitioners in medicine, and for conferring upon the medical profession such an organization and constitution as are necessary for ensuring the safety of the community, and the efficient discharge of the medical service of the public: and your petitioners conceive that such a measure could only be effectively carried by your honourable house obliging the various medical bodies, now in existence, to confer together upon the best means of accomplishing it."

II.

"That many of your petitioners are engaged in the service of the public, as officers of institutions for the medical relief of the sick poor, and have, in that capacity, possessed extensive opportunities of observing the habits and condition of the poor in Ireland.

"That your petitioners believe that the operation of the poor relief act will be fatal to the greater number of those institutions, by causing the withdrawal of the voluntary subscriptions and grand jury presentments, upon which their existence depends.

"That your petitioners are firmly convinced that such a result, by preventing the extension of seasonable relief to the sick poor, would render vast numbers of these and their families destitute, and thus materially increase the burthen of the poor-rate, and extend the causes of pauperism.

"That your petitioners are further of opinion, that, on the grounds of economy, as well as of justice to the poor, the medical charitable institutions should be supported by the state, and properly governed, controlled, and protected.

"That your petitioners, therefore, pray that your honourable house will take immediate measures for ensuring to these institutions permanent support, and for placing them under the control and supervision of competent professional authorities capable of judging of the manner in which they should be conducted, and of thus securing all the advantages which they are capable of conferring upon the community.

"And your petitioners will ever pray."

#### NORTH OF ENGLAND MEDICAL ASSOCIATION.

The council met on Wednesday the 11th instant. Letters were read from the Duke of Northumberland and Viscount Howick; J. M. Coley, Esq. of Bridgenorth; Henry Cooper, Esq., secretary of the East Riding and North Lincolnshire Medical Association; J. P. Glen, Esq., secretary of the Glasgow Medical Association; and J. Livingston and A. Webster, Esqrs., secretaries of the East of Scotland Medical Association.

The secretary was requested (through the medium of circulars,) to urge upon the profession in the different parts of the kingdom, the expediency of petitioning both houses of parliament without delay on the subject of medical reform.

#### A HINT TO CORONERS WHO KEEP DOCTORS, AND DOCTORS WHO KEEP CORONERS.

At Tralee Assizes, this week, Counsellor Bowen Thompson complained to Judge Perrin, of Coroners at Inquests, for not calling on the medical men who may have attended deceased, in the immediate neighbourhood, but bringing favourite doctors from a dis-

tance, at greater expense to the county. His Lordship advised Coroners to apply to the medical men in the vicinity, and that it was their duty to do so. The law did not permit the Coroner to go about with a travelling physician.—*Limerick Chronicle*.

#### CASE OF PROFESSIONAL DISTRESS.

Subscriptions already acknowledged, £15. 5s.

Mr. James O'Grady, Claremorris.....5s.

In the list of names forwarded to us by Mr. Daly, one was written 'Mr. Healy,' instead of Mr. Henry.

#### TO CORRESPONDENTS.

*Communications received from Mr. Fitzgibbon, (Clonmel,) Drs. Huggins, (Colehill,) Fearney, (Dewsbury,) Spain, (Roscrea,) Massey, (Limerick,) Cardiff, (Wexford,) Young, (Cork,) Ceely, (Aylesbury.)*

### MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MARCH 18, 1840.

#### THE MEETING AT CORK.

WE earnestly entreat the members of the profession throughout Ireland, to pay attention to the proceedings at Cork, recorded in our pages this day, and taking example from them to shake off the apathy respecting their immediate interests which, if allowed to prevail, will, beyond a doubt, lead to the most disastrous consequences, not merely as regards the public institutions, to which so many of them are attached, but as to the result of their exertions as practitioners in general. It is high time for them to learn to repose some confidence in their own intelligence, experience and strength, and shake off that dependence on their old masters in Dublin, which we plainly see paralyses the efforts of many. As surely as we write this, a crisis has arrived, which if not properly met, will be followed by consequences which few anticipate; and bitterly will they repent who allow themselves to be restrained at such a moment by a slavish and ill placed confidence in those who neither know nor care anything about their interests. The maxim so incessantly inculcated by the great political leader of the day should never be forgotten, and every man, no matter how humble or modest, should place reliance on his own personal exertions, and be convinced that "who would be free himself must strike the blow." It is at the same time necessary to bear in mind the equally valuable maxim, that union is strength, and that, for a season at least, those jealousies engendered by too active competition, should be allowed to slumber, and every man stand prepared for a long pull, a strong pull, and a pull altogether. Let those who dictate to us, see us thus a united, determined, and well disciplined band, instead of a broken and disheartened crowd, without confidence or self-respect, and the treatment to which we shall be subjected, will be very different from that we now experience.

The period has arrived when the source and amount of the income to be applied to the support of the medical charities ought to be determined, and the infirmaries, fever hospitals, and dispensaries, in this respect placed on a firm foundation. The enactment of a poor-law has established the principle, not previously recognized in Ireland, that the poor enjoy an undisputed right to relief, and it must be admitted, that of all relief, that for the restoration of health must be considered the most indispensable, both from humane considerations and policy. The existing medical institutions must be maintained, or similar ones equi-



valent to them must be provided. In doing this, however it is obvious that important alterations will take place, and the question whether the necessary funds are to be levied by grand jury assessment or poor-rate, must be determined. If the latter be the method adopted, the medical charities come at once under the government of the poor-law commissioners; if the former, some system for regulating and controlling them, such as that proposed by the rejected medical charities bill must be adapted. In either case the members of the profession must be watchful, as all experience must have taught them, that in such arrangements their interests are liable to be the last consulted; we therefore repeat it, that unless they now unite, and apply themselves to the subject with a firm determination to assert their rights, they must prepare for the worst consequences. Far be it from us to inculcate any unfair, selfish, or tradesmanlike principle, or to suggest that any undue advantage should be taken of circumstances, to secure benefits to which we are not justly entitled. On the contrary, we are persuaded that the only safe foundation for the prosperity of our profession, is the thorough identification of its interests with those of the people, and we, therefore, maintain, that it is as much for the welfare of the public as it is justice to us, that adequate provision should be made for securing proper services, in the most essential particular. In other words we insist upon it, that if the poor are to have medical relief, the person who administers that relief should have the strongest inducement to discharge his duty effectually—in fact, that he should be adequately remunerated for his services.

But, after all, what is the great impediment to the attainment of these objects? It cannot be concealed or denied that it is created by ourselves. When those in authority, acting for the public, come to set a value on the labours of those seeking public employment, it does not appear unreasonable to adopt the estimate furnished by the parties themselves. When, therefore, medical men voluntarily tender their services for a low rate of remuneration, it is not surprising that they should be accepted. At the same time, we are quite clear that such a course is neither politic or just. It is unworthy of a just and enlightened government to avail itself of accidental circumstances to save a small sum of money to the incalculable injury of a large class of the community; and it is remarkable, that neither private individuals, nor trading companies, adopt such a course.

If the proprietor of a cotton factory, or a generous and considerate landlord, determine to provide medical aid for their workmen or tenants, they never think of setting the situation up to auction, and knocking it down to the lowest bidder: well knowing that no man will ultimately prove a useful officer who has no adequate inducement to exert himself. The cause of this injurious and humiliating competition every one admits to be the crowded state of the profession, and the facilities afforded uneducated and unqualified persons from the very humblest classes of society to enter it.

This evil, so far from diminishing, is increasing, and threatens consequences still more deplorable. We know not whether our readers are aware of the fact, but we can with safety state that a diploma can be had from more than one or two of the medical corporations on such terms, and on such exercises and examinations, that the whole amount of expense incurred by the candidate from beginning to end of his education, does not reach to more than forty to fifty pounds, including the price of certificates, the fees for hospital attendance, and the charge for the diploma, and that the unfortunate, deluded victim of this abominable system, for unfortunate he is, is not required

to remain in actual attendance in the schools longer than twelve months. At a meeting of teachers held in Dublin, at the commencement of this session, it was pulchelly stated, and not denied, that pupils had been admitted to attend lectures on anatomy and surgery, and to dissect and attend demonstrations for the sum of four guineas, advantages for which those we now address were compelled to pay ten or twelve, and this not in a private school struggling for existence, but in a great national institution. In another department of instruction we understand, such is the competition, that no charge at all is made for lectures, arrangements being made for the purpose, which save the parties from the humiliation of appearing to lecture merely for the purpose of advertisement.

#### JUDGE PERRIN AND THE DOCTORS.

Among the amabilities extended to different classes of the community by this learned gentleman in the course of the progress of justice which he is now making through the south of Ireland, the doctors have not been forgotten. The law allows three pounds to medical men when called upon to give evidence at coroner's inquests, but the administrator of the law has issued his *fiat*, at the Cork assizes, to give the knaves a guinea: we wonder it was not a groat.

#### MEDICAL INTELLIGENCE.

##### INCREASE OF SMALL-POX FROM NEGLECT OF PROPER PRECAUTIONS BY THE LEGISLATURE.

The following conversation in the House of Lords affords an additional proof, if any were wanted, of the evils resulting from the present state of disorganization in which all matters relative to the public health are involved.

The Marquis of Lansdowne said he rose to call the attention of their lordships to a petition of an unusual nature, from a body of persons who did not frequently appear as petitioners. It relates to the present state of medical science in England—though signed by only a few persons bearing office in the Medical Association, it expressed the opinion of no less than 1200 persons, who were desirous of calling attention to the fact, that the small-pox, so far from having diminished of late years, had been on the increase, and also of stating to their lordships the opinion which, after much deliberation, they had formed that the increase was owing, on the one hand, to the imperfect state of vaccination in many parts of the country, through the perseverance of persons not connected with the medical profession, and not entitled to act in a medical capacity in the practice of inoculation, and it was undoubtedly an important fact connected with the subject, that the identity of vaccination with the small-pox was completely established. The practitioners, however, submit that no conclusion be drawn against the theory of vaccination; but they state that the imperfect means of vaccinating adopted in this country through the license given to persons who are not capable of forming an opinion on the subject has been attended with increasing evils; and in those particular places in which no vaccination had been adopted, there had been thousands of deaths in the course of a few months, and there was one city in the South of England, where no less than 500 persons had died of the small-pox in one year. The petitioners did not wish that the evils should be remedied by having recourse to those rigorous measures which had been adopted in other parts of Europe, where penalties were imposed on those who did not take care that their children should be regularly vaccinated (hear.) They recommended, however, that a greater number of persons should be employed in vaccinating the poor of the country. He need not tell their lordships that it



was the duty of the higher classes of society to discountenance any practice which might be found to be annually productive of a great amount of misery and disease (hear.) The noble lord concluded by moving that the petition should be read from the table of the house.

Lord Ellenborough agreed with the noble marquis, but suggested that a short bill should be speedily brought in, to enable poor-law guardians to make contracts for vaccination.

The Marquis of Lansdowne—Would that obviate the evil?

Lord Ellenborough said it was entirely a question of expense to the poor. Some medical gentlemen vaccinated gratis for the poor; others, however, did not, and their charges were higher than those of the quacks.

The Marquis of Normamby said he considered the subject so important, that he should cause every inquiry to be made, whether the evil would not be remedied by the measure suggested by the noble baron opposite, and thus the good practice encouraged and the bad discouraged.

Lord Ellenborough—You may do it by a short bill, which you can have passed in a few days. Do but say the word.

A bill on the subject was introduced by Lord Ellenborough, on Thursday, March 12, and read a second time on the following day. It is to extend to Ireland.

#### HOUSE OF COMMONS.—MARCH 12.

Mr. French presented several petitions praying for medical reform.

**PUBLIC HEALTH.**—Mr. Slaney's motion for the appointment of a select committee to inquire into the circumstances affecting the health of the inhabitants of large towns was agreed to.

The result of the concours for the chair of Internal Pathology at the Faculty of Medicine of Paris, has been declared. The candidates were MM. Gendrin, Piorry, Dalmas, C. Broussais, Dubois, d'Amiens, Gibert, Requin, Cazenave, Guillot, Legroux, Hourmann, and Combette.

The jury consisted of MM. Trousseau, Dumeril, Bailly, Fouquier, Rayer, Andral, Roche, Gerdy, Cruveilhier, Chomel, Honoré, and P. Dubois—M. Dumeril was president.

On the first ballot, M. C. Broussais had 5 votes, M. Piorry, 3 ditto, M. Dubois (d'Amiens,) 3 ditto, M. Gibert, 1 ditto.

Second ballot, M. Piorry, 5 votes, M. Dubois (d'Amiens,) 5 ditto, M. C. Broussais, 2 ditto.

Third ballot, M. Piorry, 6 votes, M. Dubois (d'Amiens,) 6 ditto.

The president gave his casting vote to M. Piorry, who was consequently elected.

Though no one seems to dispute M. Piorry's eminent fitness for the position he has attained, several circumstances connected with this concours appear to have given very general dissatisfaction, and as the question of election by concours is one of the greatest importance, we shall shortly return to the subject.

The funds of the General Dispensary, Limerick, are completely exhausted.

#### BRITISH MEDICAL ASSOCIATION.

The deputation appointed to wait on the Solicitor-General, Sir Thomas Wilde, M.P., reported to the Council, that they had waited upon Sir Thomas last week by appointment, and had been very kindly received. He promised to present the petition and stated that he would attend to the subject of Medical

Reform, and make himself acquainted with its bearings. He would willingly receive any papers, or any facts, from the Association, connected with the question; and, if it was desired, would again confer with the deputation. He could say at once that with so much of the sentiments of Medical Reformers as led them to demand such a reform of the medical corporations as would be analogous to the reform of the municipal corporations, he could agree. It was his opinion that all governing bodies existed for the advantage of the members at large, to whom they should be responsible.

**MEDICAL RELIEF IN UNIONS.**—An important correspondence, relative to this subject, has taken place between Dr. Webster (President of the Association,) and the Poor-Law Commissioners. The following is the material part of the reply of the Commissioners:—

"The commissioners desire to inform you, in reply, that they have recently reported very fully to the Marquis of Normamby, the principal Secretary of State for the Home Department, on the subject alluded to, and that their report will shortly be laid before parliament, and made public. The commissioners have abstained from issuing any general regulations on the subject of medical relief, until their report shall have been presented to parliament.

"They will be glad, when the Council of the British Medical Association have had the opportunity of perusing their report, to be favoured by any observations or suggestions upon which the Council may think it desirable to communicate to them."

#### POOR-LAW INTELLIGENCE.

**NORTH DUBLIN UNION.**—A rate of five pence in the pound has been declared upon the rateable property of this Union.

#### PROMOTIONS.

**MILITARY.**—Ordnance Medical Department.—R. C. Elliott, gent., to be Assistant-Surgeon, vice Lucas, resigned.

**NAVAL.**—Surgeons—G. D. Maclaren, to the Magicienne; C. Priaux, to the Pylades; John Sloan, to the Clio; James Stiell, to the Persian.

Assistant-Surgeons—E. J. Browne, to the Magicienne; F. Stuart, George Grey Creighton, to the Impregnable.

#### OBITUARY.

In Castlereagh, on Tuesday evening last, of fever, in the prime of life, Benjamin Corbett, Esq., M.D.

At Paris, on the 3d inst., M. Hippolyte Clouet.

M. Bielt, physician to the hospital, St. Louis.

#### REGISTER OF THE WEATHER,

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	March 8,	50.5	32.5	30.700	
Monday	9th,	50	29	30.710	
Tuesday	10th,	51	31.5	30.556	
Wednesday	11th,	52	39	30.500	
Thursday	12th,	48.5	40	30.450	
Friday	13th,	49.5	42	30.300	
Saturday	14th,	50	41.5	30.250	

#### TO THE MEDICAL PROFESSION.

**MR. HERRON**, National Medical Hall, 6, Lower Sackville-street, begs leave to inform the Profession, that he has imported a quantity of Cubebs Pepper, selected from the very best specimens in the London Market, and, therefore, can pledge himself for its purity. He continues to have it ground as it is ordered, which has been found to succeed so much better than keeping the drug prepared for use in the powdered state.\* By pursuing this method, the Volatile Oil is preserved, and the success of the remedy rendered certain.

\* Surgeon Morgan's remarks on the administration of Cubebs—MEDICAL PRESS, February 12, 1840.



## SIR JAMES MURRAY'S FLUID MAGNESIA.

TO THE PRESIDENT AND MEMBERS OF THE LONDON MEDICAL SOCIETY.

MR. PRESIDENT AND GENTLEMEN,—Since I had the pleasure of acknowledging the honor you did me by the unanimous vote of thanks of your Society, for my invention of "FLUID MAGNESIA," many circumstances have occurred which demand the consideration of the profession. It was observed at your meeting that a discovery, which is of *daily and hourly* application in *every nursery and sick room*, which enables us to exhibit medicine in a *scientific* rather than in a *mechanical* manner, and without danger or disgust, is, in practice, more important than some brilliant improvements applicable only to single cases, and probably at long intervals. It was, gentlemen, a firm conviction of the every-day advantages of *Fluid Magnesia*, when contrasted with the *solid crude* earth, which induced me to come forward publicly, to vindicate the merit of having first introduced it—to recommend and explain it candidly in my work on "Dilution;" to lay it before your enlightened body, and other associations—and to risk the contests which every invention meets with from the host of harpies whose rapacity is ever ready not only to seize upon the invention, but to rob the inventor of the merit justly his own. For these, and many other reasons, Physicians naturally feel the utmost reluctance to introduce and extend the use of any public medicine, although it is to Physicians we owe the credit of bringing forward the best remedies we possess, such as the Antimonial Powder of Dr. James—the Tonic Myrrh Mixture of Dr. Griffith—the Bark Tincture of Dr. Huxham—the Alterative Pills of Dr. Plummer—and the Magnesian Powder of Dr. Gregory.

Gentlemen, when a Physician, at an immense expense, brings to perfection a medical improvement of great repute; and when he has thirty years' proofs of its benefits, it then becomes a duty to vindicate his right to the merit of his improvement, and to guard the public from the substitution of imitations. Having, at enormous expense, procured additional Pneumatic Presses for consolidating Carbonic Acid, I find it absolutely necessary to preserve my present Condensed Fluid Magnesia in *Bottles* (only.) The present strength is far superior to that which was kept in bulk or draught, which became deteriorated by crystalizing, or exposure to air or light; besides, there is no guarantee that the preparation is genuine, without proper bottles being sealed, and authenticated by the Proprietor's name, in order to insure the *identity and integrity* of the preparation.

I have the honor to be, Gentlemen, your obedient servant,

JAMES MURRAY, M.D.

Merrion-square, Dublin, October, 1839.

N.B.—To avoid the risk of other liquids so often substituted for the original Fluid, a sole Consignee (Mr. Bailey) has been appointed to fold and seal the Bottles in one uniform manner. As a protection against dangerous substitutions or adulterations, the profession and the public will please observe that the label on every bottle will be authenticated by the following stamped signature, (in green ink,) "James Murray, Physician to the Lord Lieut.," the Inventor and Proprietor of this invaluable Medicine.

Country Venders may order *Sir J. Murray's Fluid Magnesia* from the respectable Wholesale Druggists of Dublin, on the same terms as if sent by Mr. Bailey. Families supplied by the *retail agents*, with sealed bottles only.

In the press, and shortly will be published,

THE ACCOUCHEUR'S VADE-MECUM,  
AND MODERN GUIDE TO THE PRACTICE OF  
MIDWIFERY.

Price 7s. 6d.

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By THOMAS TRAVERS BURKE, M.D.

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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Sur-  
gery in the College.

### LECTURE XII.—PARONYCHIA.

BEFORE we proceed farther with the consideration of general subjects, it may be proper to take notice of a few forms of suppurative inflammation, which, possessing peculiarities, both of appearance and symptom, and requiring decisive treatment, must be separately discussed: of these, the first to which I shall call your attention, is the very common, and exquisitely painful affection, termed paronychia—a name derived from the fact of its generally, if not uniformly, implicating the nail. It is also known by the name of whitlow, under which appellation the milder forms of it are probably familiar to you all; but let not the frequency of the disease, or its occasional mild character, render you disposed to bestow on this subject an inferior degree of attention, for, in its aggravated forms, it occasions intense suffering, and, if neglected, or improperly treated, inflicts on the patient a deformity as permanent as the disgrace which the surgeon deservedly incurs. Paronychia, then, is a generic term, including under it certain species or varieties differing from each other in the intensity of symptom and importance of result, but agreeing in that they all possess the same characters of inflammation, and tend to the same result—namely, the formation of matter. The chief pathological, and, therefore, the important difference is, as to the structure in which the purulent secretion is situated: on this it is that the division or arrangement of the disease is founded, and there are four different forms enumerated. There are, however, more than four, at least there are some affections strongly resembling pa-

ronychia, which cannot have place in this classification.

The first, the most frequent, and the least important, is—where the matter or fluid is deposited under the cuticle only. It commences at the root or side of the nail by a slight blush of inflammation—is rather sore than painful—contrary to what happens in the other forms of paronychia, is sometimes resolved, and when it is not so, the result has a greater resemblance to vesication than to suppuration. The fluid secreted is not matter: it is a yellow or brown serum which often detaches the cuticle to a considerable extent; and, when this is discharged, the skin underneath is seen to be of a dark, unhealthy red colour. Sometimes, and, particularly, if the vesication is not opened early, this discoloured skin ulcerates at the root of the nail; and, when this happens, the nail is usually detached.

The second species is where the matter is lodged in the cellular tissue of the part, and the inflammation implicates not only the nail but the matrix from which it is produced: hence the nail is generally cast off, and when so, after long and painful ulceration, is replaced by one of a clumsy, unsightly appearance. This affection rarely attacks the toes, although they cannot be said to be exempt, but is sufficiently frequent on the hand, where it more commonly engages the thumb than any of the fingers, and is often the consequence of some trifling injury, such as the prick of a needle, or the puncture of a thorn in handling flowers: it is confined to the part in which it originates—does not spread to the hand, or up the arm—and very rarely destroys the bone. Like every other form of paronychia, the great character of this is pain—intense throbbing, agonizing pain, which often deprives the patient of sleep. The part swells to more than twice its natural size; it is, at first, of a bright red colour, tense and shining, but when poulticed, the cuticle becomes white, corrugated, hard,



and easily detached from the skin underneath, which still remains tense, and of a very dark red colour. When neglected, and allowed to run its own course, it bursts by a very small aperture, through which an irritable fungus soon protrudes: the discharge is very trifling in quantity, compared with the size of the swelling, and affords no relief: and if still permitted to proceed, (as it sometimes will be from the obstinacy or timidity of a patient,) it produces a painful, unhealthy, and tedious ulceration, and ends by rendering the member useless or deformed.

The third form of paronychia is infinitely more important than either of the former, inasmuch as it causes greater present suffering, and is more destructive in its consequences: in this the purulent matter is supposed to be lodged within the sheaths of the tendons—an idea that probably originated in the fact of both these structures being so frequently destroyed by sloughing, in neglected cases. Practically, it is not a point of much importance in what particular tissue the matter is situated when we know by experience, that it is deep, not likely to come rapidly to the surface, and must be evacuated by operation; but, if I might speculate on the subject, I would hazard an opinion that it is not within the sheaths, but in the cellular tissue around them, by which they are connected to the bone and the adjacent parts. Thus, when we observe the matter as it spreads, or seems to spread up the arm, it is seen to take its course along the tendons, and in the interstices of the muscles, and not within the sheaths, for if it did, its progress should be stayed where the tendons are no longer increased—there should be no matter where there is no sheath, and this is not found to be the case, neither is there any such limit to the disease. I think this affection does not often commence in the phalanges, and, consequently, the nail is proportionately seldom implicated; its more frequent origin is in the palm of the hand, commencing in one or other of the papillæ, or prominences that are seen between the roots of the fingers, and is often occasioned by violence done to the hand in some unaccustomed exercise, such as rowing a boat or playing at ball. At first, the patient complains of a deep throbbing or bieling pain—the palm of the hand appears hard, horny, and resisting—there is no fluctuation or other sensible indication of the presence of matter, but at the root of the thumb, where it joins the palm the part often seems softer, whiter, and more prominent: the fingers are bent, and every attempt to straighten them increases the suffering intensely. But the back of the hand is greatly swollen—it is of a deep dark red colour—it receives and retains the impression of the finger laid strongly on it—or, in other words, is œdematous, and this is a never failing sign of the existence of pus under the palmar fascia. I have known this red glossy swollen appearance to have created the idea that the mischief was seated immediately beneath, or towards the back of the hand.

As the disease proceeds upwards towards the arm, the wrist seems to escape—that is, it is not proportionally swollen, neither does it exhibit the same intensity of colour. The part at which any external evidence of deep inflammation is next observed, is on the inferior part of the forearm, as nearly as possible over the situation of the pronator quadratus muscle, where it often looks like a blotch of patchy erysipelas.

Next, we observe a superficial redness and œdema extending upwards towards the superior and internal part of the forearm; and if the case is so far neglected, that the matter is allowed to create an exit for itself, the aperture is found below the internal condyle of the humerus, where the fascia, terminating by a semilunar edge, leaves the deeper structures uncovered. It usually bursts by a very small aperture, and, considering the swelling and tension of the parts, the quantity of the discharge is trifling, and affords but little relief. The appearance of the arm and hand is now very characteristic—partly of an erysipelatous redness—partly pale—the swelling is everywhere, except in the palm of the hand, glassy, shining, and œdematous—the fingers bent upon the hand, and the forearm in a more than semiflex relation to the arm. Notwithstanding the severity of the pain, there is seldom inflammatory fever: any constitutional derangement that may be present being rather of the irritative kind, and, probably, in a great measure, occasioned by the continued loss of sleep. This absence of fever, together with the pain and the general appearance of the limb, has not unfrequently caused this form of paronychia to be mistaken for acute rheumatism, until the bursting forth of the matter proclaimed its real nature—a mistake followed by such disastrous consequences that the protracted misery of the patient thus occasioned, may be regarded as the least among them. The tendons are lost by sloughing—the bones become carious—fistulous sores are formed in various parts, which remain open until all the dead material is thrown off—the remaining tissues are matted and fastened together—and the forearm and hand remain crooked, withered, and useless for the remainder of the patient's life.

The fourth species of paronychia is that wherein the matter is lodged between the periosteum and the bone, and is attended always by a caries of this latter structure to a greater or less depth and extent. It is, as far as I know, not a very common affection in adult life, but is sufficiently frequent in children, and, occasionally, met with in old age. In the young subject, its progress and termination seem to be greatly modified by its exciting cause, and by the presence or absence of a scrofulous taint in the system; for, in the latter case, it appears to be eminently destructive, whilst, in cases that are induced by accident, it is no uncommon thing to see recovery take place by a process similar to that of reproduction in necrosis.

In the more advanced periods of life, although the termination is greatly modified by treatment as to the extent of destruction, yet there is always caries, and as the constitution is, at this time, seldom equal to any great recuperative effort, the part affected remains long in a state of disease, exhibiting a number of small papillæ-like ulcerations, discharging profusely a thin unhealthy matter, and wearing and wasting the patient. If he recovers, it is generally with the loss of some of the bones and tendons, and with a stiff and useless hand.

Besides these, there are other forms of paronychia, some of which I have heard spoken of as being always connected with a venereal, or, at least, a pseudo-syphilitic taint, the chief peculiarities of which consist in the comparative mildness of the symptoms—the sluggishness of their progress—the situation of the matter, and the kind of ulceration that occurs after the little abscess has broken or been opened.

I know not whether this disease may not in general partake of the constitutional nature just described; but I have certainly seen it where no such contamination could be suspected. It commences by pain and swelling of the extremity of the thumb or finger, together with redness and extreme tenderness of the



surface. After a few days, a crack or fissure takes place immediately in front of the nail, between it and the flesh from which a serous discharge exudes, and this is followed by the growth of small fungus from the matrix of the nail, which, being compressed, causes immense suffering, and is only relieved by cutting away the nail. According as the matrix is exposed, it becomes fungous, unhealthy, and intolerably painful, and may remain in this state for weeks, or even months, until a small abscess, the original seat of which was between the bone and the nail, bursts or is otherwise discharged.

I have seen many cases of this description, all of which were occasioned by accidental injury, such as the passing of a pin or a splinter of wood under the nail: they differ from paronychia pathologically, in that they are real abscesses, the matter confined within proper cysts, and consequently, being restricted from spreading extensively, and in the occurrence of the fungoid condition of the matrix of the nail, which exists as long as the abscess remains unopened.

In very old persons a certain affection sometimes occurs, which, strictly speaking, is very different from paronychia, but which must be noticed along with it, in consequence of the resemblance it bears to this latter in its earlier stages. Fortunately it is extremely rare, for it appears to be extremely dangerous. It consists of a mortification of all the structures, of one or more of the fingers—would (of course) if recovery took place, involve the loss of the part engaged—and bears a strong resemblance to the disease of the toes and feet, familiarly known in this country by the name of Pott's gangrene. I know not what may be considered as the exciting cause of this disease. In the very few cases that have fallen under my observation, it occurred in men only, and appeared to be idiopathic, that is, it could not be traced to any direct injury: in one, an engraver, the arteries of the forearm were larger than natural, greatly contorted, and studded over with specks of calcareous deposit, but I had no farther reason for attempting to connect this affection with a diseased condition of these vessels. It commences like paronychia, with a red and painful swelling, except that the redness is more of a dark and dusky hue, and the pain perhaps not altogether so severe: a vesicle soon forms on this, containing a dark fluid, which bursting, exhibits the skin underneath of a red or brown colour—it very soon becomes black. From this spot the mortification spreads, gradually and slowly, but uncontrolled either by medical treatment or topical application, until a certain portion of the fingers or hand is lost, when, if the patient still lives, it stops spontaneously. The part now appears dry, shrivelled, and very black: the separation of the dead from the living structures proceeds but slowly, and during this process an exceedingly troublesome hæmorrhage frequently takes place: it did so in every case that came under my observation; and in one I was obliged to tie both the radial and ulnar arteries, before I could effectually controul it. Beyond this point I am unable to describe this disease, for every case I saw proved fatal. I know not what the wretched state of constitution may be, which will produce this affection, neither can I see why it should be attended with a degree of mortality greater than the mortification of the toes and feet: perhaps the result may have been different as observed by others, but in the very few cases that have fallen under my notice, the termination was uniformly fatal—sometimes by a gradual and general sinking and by the occurrence of coma—sometimes by the debility occasioned by the hæmorrhage—and in one instance (which of course was accidental,) the patient died of cholera.

Nothing can be more obvious or more simple than the treatment of paronychia. Bearing in mind that the essential character of the disease is suppurative—that matter must and will be formed, and that it is not limited by the effusion of lymph or confined within a cyst, the only means by which it can be prevented from spreading and extending itself in every direction, is by freely evacuating it at the earliest period possible. Thus all that is learned from the arrangement of this disease into its different varieties, is, that a greater decision, or, if you will, a greater severity of treatment may be necessary in one case than in another: that is, the incision must be deeper and more extensive. All this is so evident, that it would be scarcely necessary to dwell on the subject, if the practice was as universal as its necessity is acknowledged, but really it seems as if men occasionally acted in despite of their own judgment, and I have seen so much delay incurred, and so much positive and incurable mischief inflicted by the attempts of persons that ought to have known better, to procure resolution where resolution could not be accomplished, that I can scarcely denounce such treatment in terms sufficiently strong to mark the feeling I entertain towards it. In fact, I lose all patience when I think of any one ordering leeches and cold applications, and other resolvents, and prescribing antiphlogistic remedies for a patient in whose hand or finger matter is already formed. The practice is so utterly the result of ignorance, that it might be passed by as ridiculous if it was not so excessively destructive. The treatment of paronychia in the first instance, may be summed up in one word, incision, the only varieties being as to its depth and extent.

In the mild superficial affection, the first which I attempted to describe, a very slight puncture will be sufficient, for the matter is thin and easily evacuated: very often no farther attention is required. But sometimes (as I have mentioned,) we see the edge or root of the nail bordered by a narrow margin or selvage of ulceration, which may pass more deeply, and detach the nail from the finger, and I think this result is best prevented, and the progress of the ulcer arrested by destroying its unhealthy surface with the nitrate of silver. One or two applications of the caustic will be quite sufficient—but indeed, this form of whitlow is so unimportant, that it is seldom submitted to the surgeon's care.

In the second, the indication is still the same, only that the incision must be carried deeply, and perhaps it is a good practical rule to make the edge of the knife reach the bone, as it ensures the free evacuation of the matter, however deeply seated. But it is at least of equal importance that the incision should be made sufficiently extensive at first, for there is always a core or slough of dead cellular tissue within, and as the part will never heal until that has been entirely gotten rid of, it is only merciful to afford full space for its evacuation at once. I imagine there can scarcely be greater pain than that caused by cutting into a paronychia—I have seen the strongest men turn pale and quiver, and even faint under its infliction, and it certainly is not good surgery thus to aggravate a creature's sufferings by repeated incisions, when the first might be made sufficient to answer every purpose. In this form of whitlow, the nail is commonly lost, and replaced by one of a coarse, thick, unseemly appearance, but I know of no means of interfering with these processes of nature either in her work of destruction or reparation.

In the third case, the incisions should also be deep and extensive, following the matter in whatever direction it seems to have a tendency to spread and always reaching to the bone. In the fingers one or two incisions may be made over each of the phalanges, leav-



ing the joints untouched between them. In the palm of the hand I make as many as may be necessary, still reaching to the same depth. I have heard it asserted, that in this situation it might be sufficient to divide the palmar fascia, the loose nature of the tissues underneath not being likely to offer any impediment to the escape of the matter. Perhaps this depth of incision may be adequate in some cases, but I know that in others it is not, and suspect that a salutary dread of wounding one of the palmar arches might have had some effect in determining this rule of practice. But there is no use in studying anatomy, unless to learn where blood-vessels and other important parts are situated, and how to avoid them, and although I once saw a gentleman open the radial artery by an incision in a case of paronychia, yet the accident never led me to impeach the propriety of opening above the wrist joint: then I repeat the precept here of causing the knife to touch the bone, merely reminding you at the same time, that a knowledge of anatomy may be useful in the apparently trifling operation of opening a collection of matter in the hand. If the disease has passed up the arm, it must be still pursued by incisions deep and extensive, of course sparing the annular ligament of the wrist, a division of which is never necessary and might be followed by unpleasant consequences. In those situations where I have mentioned that an erysipelatous blush of inflammation is likely to be found, deep incisions ought to be made; and even although these may not be followed by an obvious discharge of matter, yet the relief afforded to the deep structures by a free division of the fascia, will more than compensate for the pain of the incision. Indeed, in no case of this description are you to expect the same gush of matter to follow your incisions, that would occur on the opening of a common abscess. The pus is not only differently circumstanced in not being confined within a cyst, but it is often of a different quality, being thin and curdy, and in such a case, the only discharge observable, is a small quantity of this curd escaping with the blood, which, as in all cases of incisions into inflamed parts flows rather profusely. After the requisite openings have been made, the entire part should be enveloped in an emollient poultice: the patient experiences immediate relief, and probably falls into a refreshing sleep, such as he had not enjoyed for several nights before.

But the surgeon's attention is not to end here, for his work is not half completed. You recollect that the fingers are crooked, and the joints bent, and if they are permitted to remain in these positions during the progress of the case, they will become fixed and remain so for ever. Many a deformed and useless hand has thus been sent forth, a living advertisement of a surgeon's carelessness and incompetency, and although, while under treatment, a patient will exclaim against the measures that give him pain, and entreat that the arm shall not be interfered with, rely upon it in the end he will throw the blame of any deformity that may remain upon his surgeon, and be loud and unceasing in his complaints against him. The pathology of the case appears to be this: wherever the matter has extended among the tendons, or between the muscles, the cellular tissue that occupied these situations has become sloughy, and been thrown off, and its place, when the recuperative process is established, becomes occupied by coagulating lymph, which will glue and fasten every thing together, and in process of time render them immovable. We must, therefore, gradually straighten the fingers, fix the joints in the least unnatural or inconvenient positions, and retain them thus by the application of splints and bandage. But it is nearly as unpleasant to have a finger permanently straight as crooked, so it will be necessary after a little time to subject all

the engaged parts to passive motion: they must be flexed and extended every day, gently at first, but perseveringly until the capability of voluntary motion is restored as perfectly as may be. I do not, however, believe, that a hand that has been the seat of a severe attack of this disease, is ever again either as handsome or as useful as before.

The principle of treatment in the fourth form of paronychia is still the same: matter is lying on the bone, between it and the periosteum, and it must be evacuated: and here it is unnecessary to repeat the precept of causing the edge of the knife to reach the bone, as the pus could not otherwise be let out. The purulent matter is generally small in quantity, dark in colour, thin, and sometimes offensive in smell. When this is discharged, little more remains to be done; the dead bone must be thrown off by exfoliation—a tedious process that will occupy a considerable time: the wound heals except at one or two spots, at which a little papilla or fungus of red flesh makes its appearance—the unerring evidence of the existence of a carious bone, or of a rotten tendon, or fascia underneath. Sometimes the dead tendon hangs from the wound for a length of time, resembling a rag of wet tow, and exhaling a peculiarly foetid smell—sometimes sinuses run in different directions, which take a long time to heal, and are extremely troublesome—and in almost every instance the case terminates with a stiff and deformed limb.

In the more chronic forms of paronychia, those which have been supposed to arise from the presence of a specific taint in the system, it is essential to open the abscess on the appearance of the little fungus that indicates its existence, and I believe the best mode of accomplishing this, is by taking the fungoid growth as a guide, and cutting deeply and directly through it. Perhaps I may not be quite correct in stating that the matter is always lodged between the nail and the bone, but it was in that situation I always saw it, and have known an instance in which a patient was cut in three or four directions on the front of the thumb without the discharge of a drop of matter. The abscess nevertheless existed, and after causing weeks of suffering, burst spontaneously afterwards. Wherever situated, I believe an incision through the little fungus will reach it. I have treated two cases in this manner with the most satisfactory results, and the facts of both these having been caused by injury, and not been followed by any constitutional symptoms has led me to doubt the correctness of attributing these forms of paronychia to a syphilitic or indeed to any specific taint.

As to the affection which I have described, as resembling the gangrene of the toes and feet, it bears as little resemblance to paronychia in the treatment applicable to it, as in its nature. It is probably constitutional in its origin, and to be managed accordingly: at all events, local remedies of any description seems to have very little effect in alleviating the sufferings of the patient, and none whatever in arresting the progress of the gangrene. I have been satisfied with the application of an emollient, and (if the fœtor was disagreeable,) a fermenting poultice to the part, and have been careful not to interfere with the dead structures, leaving the process of separation to the efforts of nature alone. Internally I have used bark, wine, camphor, and medicines of that description, without observing that the patient derived any material benefit from them, and opium only seemed to be of use in alleviating pain: it appears as if the disease could not be controlled by any medical treatment whatever—that if the progress of the gangrene is stayed, the occurrence is spontaneous—and it certainly must be a perilous affection, for of the very few cases I have seen, not one recovered.



## MEETINGS OF SOCIETIES.

## SURGICAL SOCIETY OF IRELAND.

FEBRUARY 29, 1840.

The PRESIDENT of the College in the Chair.

Dr. O'BEIRNE said the case he was about to lay before the Society, was one of Hydrophthalmia, successfully treated with mercury. The patient, Mary Anne Redmond, aged forty, generally employed as a hawker of small wares, and consequently much exposed to atmospheric vicissitudes, was admitted into the Richmond Hospital, on the 24th of September 1839, with hydrophthalmia of the right eye, accompanied by total loss of vision. She stated that she had caught cold on the night of the great storm, and soon afterwards began to be affected with pain in the eyeball and impairment of vision. These symptoms gradually increased, and at the period of her admission, she was quite blind of that eye. The eye was uncovered by the upper lid, and projected in a very remarkable manner over the cheek. The cornea was not altered as to size or appearance, the iris was of the natural colour, the pupil greatly dilated, and quite insensible to the stimulus of light. She had slight conjunctivitis, more intense towards the inner canthus, and the motions of the eyeball were not under the influence of the will; but the eyelids were neither cedematous nor inflamed. Her general health was unimpaired. She was put on low diet, had five leeches applied to each eyelid, and was ordered to take a grain of calomel, combined with opium, three times a day. On the 5th of October her mouth was sore, and she had been leeches three times. Some improvement in vision took place, and this was further increased by blistering. On the 14th, vision was greatly improved, but the eyeball appeared not to be quite under the control of the will, and she had slight strabismus. A small blister was applied over the right supercillum, and she was ordered to take an ounce of the infusion of valerian, three times a day. On the 25th, vision was further improved, and the strabismus diminished. On the 10th of November, vision was quite perfect, the eye of the natural form and appearance, and completely under the influence of the will. She now, for the first time, began to complain of pain in the right elbow, which became red, swollen and soft to the touch. She was ordered to resume the use of calomel, and to have a blister to the joint. The disease disappeared in the course of three or four days, but she began to complain of her knee, and on examination, evident marks of synovitis and bursitis were discovered. Ten leeches were applied, the joint fomented with decoction of poppy heads, and the calomel continued. As soon as her mouth became again affected, the inflammatory symptoms disappeared, and the joint was free from pain. She used purgatives and warm baths successfully for the removal of her remaining symptoms, and was discharged cured on the 14th of December, 1839. During the thirty years he (Dr. O'B.) had been employed in military, private, and hospital practice, he had treated a great many affections, but had not seen a case of aqueous or vitreous hydrophthalmia which was not connected with staphyloma. Hence he was led to infer, that the variety of disease which he had just described was very uncommon, and had some difficulty in reconciling his experience on the subject with that of other writers who have described the disease as one of tolerably frequent occurrence. With respect to the case he wished to make one observation. The occurrence of pains in the bones, followed by inflammation of the elbow, and afterwards of the knee-joint, just as in cases of metastatic rheumatism, left no doubt on his mind, that the woman was of the rheu-

matic diathesis. It is well known that when persons of this constitution are exposed to cold, they are liable to have the fibrous tissues attacked with rheumatic inflammation, and that these tissues will sometimes relieve themselves by metastasis of the disease to serous and synovial membranes. He was, therefore, inclined to think that this woman's disease was scleratitis in the commencement, and thought that this view was supported by the fact, that the woman had violent pains in the eyeball and forehead, which were relieved when enlargement of the eyeball commenced. Beer has observed in reference to hydrophthalmia, that it is seldom a local disease, but the experience of Mr. Lawrence and Mr. Middlemore is opposed to its constitutional origin. In the next place, with regard to treatment, almost every oculist has recommended paracentesis of the cornea or sclerotic as soon as the disease is established, so that there can be no doubt of its true nature, and this is done either with the view of relieving the over-distention of the eyeball, or of promoting a cure by diminishing the labour of the absorbents. Mr. Cooper, in his Surgical Dictionary, states the prognosis in this disease as very unfavourable, and Mr. Middlemore, and most writers on the subject, seem to think that nothing but paracentesis will be of the slightest use. In the case, however, which he had the honour to detail, a cure had been effected without this or any other operation. Cases of this kind afforded an additional instance of the great inclination to have recourse to the knife on every occasion manifested by surgeons, without first trying what aid might be derived from medical treatment. Dr. O'Beirne observed, in conclusion, that it might appear from a hasty perusal of Beer's work, that he had employed mercury in the treatment of hydrophthalmia, and it was true he had, but he was evidently unacquainted with its powers as a remedial agent. He used it as a diuretic and not as a sialogogue, and speaks of its employment as benefitting but not curing the disease.

Dr. O'BEIRNE said he wished to bring forward another case—one of Retinitis, particularly as the same plan of treatment had been followed in both. The patient, Bridget Johnston, aged 28, was admitted into the Richmond Hospital on the 24th of December, 1839. Three weeks previously, she had been seized with rigors after exposure to cold. These were followed by pains in various parts of the body, but in particular over the supra-orbital region, and in the balls of both eyes, always aggravated at night, but diminishing in intensity towards morning. She had sparks and balls of fire flashing before her eyes, moles, lachrymation, a feeling of sand in the eyes, a scarlet zone round the cornea, and the appearance of a variety of colours by candlelight. Her sensations had grown more distressing every day, and her sight was so much impaired, that she could not distinguish the features of a person standing close by her bed. The pupils were greatly dilated, so that scarcely a line's breadth of the iris was visible, and she frequently observed that she saw two balls of fire before her. She had no enlargement of the eyeball, and the lens and humours of the eye did not present any thing remarkable, except, that in the depth of the eye there was a glaucous appearance. She was ordered to have the eyes leeches, and to take calomel and opium. On the following day she had improved considerably. The intolerance of light, lachrymation, and feeling of sand in the eyes had diminished, the supra-orbital pains were better, the pupil not so much dilated, and the vascularity of the eye less obvious. She was leeches again, and directed to continue the calomel and opium. On the 26th, she complained of severe pain shooting from one temple to the other, the left



eye was more inflamed, and the secretion of tears was increased. Vision, however, was not weaker, and the mercury was beginning to affect her system. On the 28th, the report stated that the leeches had not been applied until the day before. She had experienced great relief; her sight was improved, and the pupil less contracted. She was again leeches, and the calomel and opium continued. On the 2d of January she came under the influence of the mercury, with progressive improvement of all her symptoms. She afterwards took turpentine, internally, with considerable benefit, and recovered completely. Dr. O'Beirne observed that the case was interesting as one of retinitis, at least he inferred it to be such from the absence of inflammatory disease of the other tissues, for there was no affection of the humours, of the lens or its capsule, or of the iris. The case was also remarkable, in consequence of the decided effect produced by mercury, aided only by local depletion, for he had not employed general bleeding.

The CHAIRMAN said the subjects touched upon by Dr. O'Beirne were of acknowledged interest, and he would be happy to hear some further observations on them. There were several anatomists and pathologists of eminence present, and he thought it would be interesting to know something of the pathology of inflamed retina.

Dr. GEOGHEGAN said he had a short time previously met with a case which bore some resemblance to the last case given by Dr. O'Beirne. A man was attacked with acute pain in the back part of the orbit, accompanied by diplopia and impairment of vision, but without any conjunctival redness, opacity of the cornea, or derangement of the iris. He was put on the use of mercury, and recovered completely. Dr. Geoghegan said he would be glad to know from Dr. O'Beirne if there were any certain marks by which retinitis could be distinguished from inflammation of other deep tissues of the eye.

Dr. O'BEIRNE said that the chief symptoms of retinitis appeared to be the greater number and variety of the optical illusions, the general red hue of objects, and the flashes of light so frequently crossing the field of vision.

Mr. STAPLETON said he had a case of retinitis about twelve months ago, in which both eyes were affected; and, during the whole course of the disease, the pupils were contracted almost to the size of pin holes, and did not begin to expand until the patient came under the influence of mercury.

Dr. O'BEIRNE asked if there was any change of colour in the iris?

Mr. STAPLETON said not the least.

Dr. O'BEIRNE said the fact was, that the history of retinitis was not yet written. In Mr. Stapleton's case there might be contraction of the pupil, and it was laid down in books as a symptom of retinitis; but, he believed, it was the exception rather than the rule.

Mr. ROBERT SMITH made a communication to the Society relative to an unusual dislocation of the bones of the foot, viz., luxation of the metatarsus and internal cuneiform bones upwards and backwards upon the tarsus, and presented two preparations, with a cast and drawings, illustrative of the injury. The diagnostic signs of the accident he considered to be—foreshortening of the foot, without corresponding elongation of the heel—a transverse prominence on the dorsum of the foot, about an inch below the ankle joint—the change in the position of the foot, the dorsum of which looks outwards, and the sole inwards—the destruction of the arch of the foot, the plantar region presenting a convexity, instead of a concavity. The patient walks upon the outer edge of the foot;

and the degree of lameness is not as remarkable as might be supposed. The injury is the result of the application of great force, and is liable to occur, when a person, in falling or leaping from a height, alights upon the anterior part of the foot. Mr. Smith expressed his opinion, that the cases described by Dupuytren, as examples of luxation of the metatarsus upon the tarsus, should rather be considered as instances of luxation of the metatarsus and internal cuneiform bone upon the tarsus, and explained, anatomically, why the internal cuneiform bone should remain connected with the metatarsus, rather than with the other bones of the tarsus.

Dr. H. KENNEDY said he wished to draw the attention of the meeting to a case which had occurred in his practice on Wednesday last. On that occasion he had been suddenly called on to perform an operation of some difficulty, and which the records of surgery had proved to be comparatively unsuccessful. The case he alluded to, was one of foreign body in the trachea, in which the operation of tracheotomy was imperatively called for. A child had been brought to him on that day, by its father, in a state of asphyxia. On arriving in the room, the child gave one convulsive gasp, and then appeared moribund—the lips were quite livid—the eyes fixed—respiration suspended—and the tongue protruded. Previously to taking any further steps, Dr. Kennedy felt for the foreign body, but could not detect any, although he experienced no difficulty in passing his finger into the pharynx. The account he received from the father was, that the child had been playing with a mask, and that he supposed a portion of it had slipped into the wrong passage. From the urgency of the symptoms, he saw there was no hope, except in the immediate performance of an operation, and, therefore, resolved to undertake it at once, although he was at the time very badly provided with instruments, having nothing at hand but a scalpel. He had very little difficulty in cutting down upon the trachea, for the child was quite passive during the whole proceeding. The hæmorrhage was considerable, and he found it necessary to use turpentine to arrest it. On coming down to the trachea, he pushed the knife through it, making an incision to the extent of five or six lines. The air rushed in with a considerable degree of force, and the child began to breathe. Dr. Kennedy, however, perceived, after some time, that this incision was quite insufficient, and that the opening in the trachea had a tendency to close. In the absence of more appropriate instruments, he procured a quill, and passed it into the trachea, with great relief to the child's breathing. In the meantime, he despatched messengers, in various directions, for a suitable instrument, but, unfortunately, every one of them returned with anything but what he wanted. The quill appeared to produce irritation of the trachea, which was followed by paroxysms of struggling and dyspnoea. During one of these, the quill slipped out. The paroxysms were then renewed with increased violence; and, before Dr. Kennedy could replace it, the child had suffered greatly from dyspnoea and hæmorrhage. He, ultimately, succeeded in introducing it again, but the child became gradually weaker, and died in about an hour afterwards. On examination after death, a small portion of a plum stone was found lodged immediately under the rima glottidis. This, although small, was very rough, and pointed on its surface, and must have produced very considerable irritation. It was so firmly impacted in its situation, that it required some force to dislodge it. The child was about six years of age. Dr. Kennedy said he wished to bring the case before the Society; whether the treatment pursued was proper or not, it was not for him to de-



termine. He thought that with suitable instruments life might be preserved, at least, for some time longer: but the case was, from the commencement, unpromising, and, even under favourable circumstances, the operation had been known to fail. In conclusion, he begged to state, that he had been much indebted to Dr. O'Reilly, of Dominick-street, for his valuable and friendly assistance on the occasion.

The CHAIRMAN said he thought the case an important and interesting one, and well suited for discussion. He differed with Dr. Kennedy with regard to prognosis, which did not appear to him so unfavourable. He thought the case a very peculiar one, and that under the existing circumstances, nothing more could have been done. He believed there was a preparation in the museum at Park-street, taken from a subject in which death had been produced in a similar way, viz:—from the impaction of an almond shell in the ventricles of the larynx.

Dr. KENNEDY said that in his case the foreign body lay below the rima, opposite the cricoid cartilage, and was so firmly impacted, as to be removed with some difficulty.

Dr. HOUSTON said that in a case of this description, the plan of endeavouring to push up the foreign body with the end of a bougie, would have failed.

Dr. BYRNE said that Mr. Liston has given a case, in which the forceps was turned towards the mouth, and the foreign body extracted. He thought it justifiable to turn the forceps towards the mouth, if the operator did not succeed in finding the foreign body in the opposite direction. The state of the sounds of the chest might be some guide in such cases.

Dr. KENNEDY said that in his case, the sounds of the chest were unaltered.

Dr. GEOGHEGAN said that the paroxysms of dyspnoea, could scarcely be said to be caused by the irritation of the quill, for they came on only at intervals.

Mr. BYRNE agreed with Dr. Geoghegan, that the presence of impure or imperfectly aerated blood in the brain, would give rise to paroxysms of dyspnoea, but Mr. Liston had proved that this does not always hold good. In operating on a case, he observed that the introduction of a short tube was followed by violent paroxysms of dyspnoea, and thinking that if the tube was longer they would be less, substituted a longer and found that his conjectures were verified.

Mr. M'Coy observed that in cases attended with the difficulty alluded to, division of the symphysis of the thyroid cartilage had been practised on the continent.

Dr. GEOGHEGAN said that in a case which had come under his notice, a portion of the thyroid cartilage had been removed.

Mr. M'Coy said he meant division of the symphysis of the thyroid cartilage, and not the removal of any portion of it.

The meeting then adjourned.

## ON MEDICAL EVIDENCE IN CASES OF ALLEGED VIOLATION.

By D. B. BULLEN, M.D., one of the Surgeons to the Cork North Infirmary.

At the Cork Spring Assizes of 1838, two brothers, of the name of Callaghan, were tried before Sergeant Greene, upon a charge of having violated, and otherwise abused a woman of the name of Sarah Fleming. A report of the trial is copied from the *Cork Southern Reporter*:—

"Patrick Callaghan and Michael Callaghan, brothers, were given in charge—the first, with others unknown, for having, on the 22d September last, forcibly and against her will, violated the person of Sarah Fleming—

the other for having aided and assisted in the perpetration of the act. The trial excited much interest, the accused, residents of Mallow-lane, being persons of respectability.

"Mr. George Bennett, Q.C., having briefly stated the nature of the case—

"The prosecutrix, a low-sized, middle-aged, and tolerably well-looking person, was produced, and examined by Mr. Bennett. She stated that she was married, had a child in the House of Industry, and two others (girls) elsewhere—that she had a sister in Clonmel, where she had herself lived with Sir Hugh Gough, of Harborton. She had been acting in the capacity of nurse-tender in the North Infirmary, from which place she was returning on the evening previous to the morning of the alleged outrage, when, on North Bridge, she was accosted by a man, who said—'There is not a part of Cork that we have not looked for you in—we were at the house when your girl met with the accident. Your sister was coming from Clonmel, and she got bad on the road, and we shall look for her.' Hearing this, the witness accompanied the man to Blackpool and the Watercourse, and he entered a house, from which returning, he said, 'She is not there.' He then asked her to take some refreshment, which she refused, when he said he was as great a stranger as herself. They walked together until they arrived at Mallow-lane, when the clock having struck 12, she became alarmed and said, she wished to be at her lodgings. They then went into Dominick-street, where they remained, with their backs against the wall, about half an hour. During all this time the man's language was proper. A woman then came up and said, 'Is that Bill?' to which the man replied, 'This is my sister,' adding, 'this woman (witness) wants to sleep with you,' and she said, 'Yes, and welcome.' They then whispered something to each other. The man asked the woman if she had any money, and she replied she had not any. The clock struck one, when another man came up, and they whispered together. They soon made off, and arriving at a lane near Dominick-street, the first man pushed her in, upon which two other men came up—one of them disguised with a cap, which nearly covered his face. She thought of the Callaghans at this time, one of them being lame. Becoming alarmed, she clung round the first man, when Patrick Callaghan knocked her down. Here the prosecutrix described the outrage, which, she said, was participated in by all three, but the details are of so disgusting and horrifying a nature that we decline publishing them. She swore that, not only had the prisoners committed the offence charged, but that they subsequently treated her in a manner the most brutal, (describing it,) and she identified Patrick Callaghan with the alleged outrage, from the fact of the cap falling off his face during its perpetration. She swore that they tied her up to the wall, leaving her exposed, and that in that state she was found in the morning—that she had lost her senses, which did not return to her until she found herself in the Infirmary.

"In cross-examination, by Mr. Coppinger, she said that she had lived in Cork, Middleton, and other places, and admitted having acted improperly with three different men. Her assailants had returned to her three times, and at each had inflicted injuries upon her, (not publishable, from their disgusting character.) The present was the third time she had appeared against the Callaghans in a court of justice—the first time was upon the occasion when she prosecuted Patrick for an assault upon her daughter, a child of eleven years old, when he was convicted, and sentenced to 6 months' confinement. She had been offered money as an inducement not to prosecute, but she refused it. The next prosecution was for an assault on herself, at Mallow-lane, when they were acquitted. Her ill-will against them was greater than that entertained by her against the learned counsel. She cannot recollect having said she would never forgive herself if she had not the life of one of the Callaghans. Upon one occasion, since she left the Infirmary, she had a conversation with a person named Foley, who lodged in the same house with her in Grafton's Alley. They were playing at cards, when he made a proposition of ill-using her daughter as Callaghan had done, upon which she became so affected, that they struck each other. She denied having told Mrs. Leary at whose house she lodged,



that she would be revenged on the Callaghans. During the assault upon her she neither screamed nor bawled: she could not do either, as they fastened a rope round her neck, and stuffed her mouth with hay. She told Constable Robinson of the police the whole story at the Infirmary. She did swear an assault against the Callaghans; the jury acquitted them, and she could not help that. Her husband is dead 13 years.

"To the Jury—She had never walked with a man in the streets of Cork at so late an hour before.

"Nicholas Duggan, in reply to questions by Mr. Pigott, said that, upon the morning in question, between four and five o'clock, he was proceeding from his own house to that of Thomas O'Brien, near the weigh-house, and on arriving at the corner of a lane leading to the Sand-quay, he saw the prosecutrix in the position described in her own evidence—that he met a woman lower down in the lane, whom, he begged, for God's sake to relieve the prosecutrix from the state in which she was. When released, she whispered the woman to send for Sergeant Robinson. She handed a stick to witness, which she desired to be given to Robinson.

"Constable Robinson described the condition in which he found the prosecutrix, on the morning of the 22d September. He had her removed to the Infirmary. The witness took down her statement, which she made immediately on reviving, and which differed in several material points from her evidence to-day. The witness immediately after—7 o'clock—went to the house of Patrick Callaghan, at which he knocked for 15 minutes, but could not get in. He had not been knocking 5 minutes, when he saw a person drawing the screen of one of the windows; and when the door was opened, which was after the lapse of half an hour, he entered the shop, and saw the two Callaghans in it. Patrick appeared pale and frightened. He took them into custody, and gave them in charge to the police. One of the brothers said—'I suppose this is Sarah Fleming again!' Witness searched the house, and found a case of pistols and the lock of a pistol, which he took away.

"Dr. Howe described the state in which Sarah Fleming was when taken to the Infirmary. From this gentleman's evidence, as well as from the certificates of Drs. Evans and Hovenden, both since dead, it appeared that no indication of violence to justify the charge of violation had been discovered; upon which the Crown gave up the prosecution, and a verdict of acquittal was instantly returned by the Jury.

"Mr. Sergeant Green said that the prisoners were now discharged, without the least imputation, as arising out of the present charge, resting on their characters."

When this woman was brought to the North Infirmary, on the morning of the 22d September, she continued for some time in a state of apparent insensibility. Her mouth was stuffed with a quantity of dry grass, and a piece of cord was firmly tied across it in the manner of a gag. On her chest were slight contusions, and the wrists were firmly bound together with pieces of thick whip-cord. On removing her clothes, the neck of a common black bottle fell from between her thighs upon the floor. When questioned after some time, as to the cause of being found in this situation, she told pretty nearly the same story as detailed at the trial, with some particulars which did not appear in her evidence. She said that after each of the three Callaghans had violated her, they forced either a stick or some other hard substance, and afterwards the neck of a common black bottle into the vagina—that they stuffed her mouth with grass, and gagged her, that they bound her wrists together, and having tied her clothes over her head, suspended her by the cords from the railing of the window, where the watchman found her. Dr. Howe, under whose care she was placed, made a strict examination of her person a few hours after her being brought into the hospital. There was no mark of bruises upon the thighs, nor any appearance of violence about the pudenda. Considerable indentations had been left about the wrists where the strings had been tied, and when

a hand was applied to the contusions on her chest, she screamed, and appeared to suffer great pain. She expectorated bloody saliva in quantity, and with consummate art, developed the several symptoms, which may be expected to follow the injuries she pretended to have received. During the day her depositions were taken, and the Callaghans were committed to prison.

Dr. Howe distrusted her story from the commencement, but the consistent and collected manner in which she told her dreadful tale, produced a strong impression in her favour on the minds of many, and the extraordinary facility with which she simulated the appearances of disease, and produced the symptoms of febrile action seemed for a time to give some probability to her statement. To throw her off her guard, it was resolved to seem to place implicit reliance on the truth of every thing she said, and to treat her with the greatest commiseration. Impositors of this description always overact their parts, and so it was with this wretched woman. About ten days after her being received into the hospital, a little before the hour of visit, a stream of water was seen flowing from under her bed—on being asked what was the matter, she said "she had lost all power over the bladder, having felt it torn when the Callaghans forced the bottle into her body." Dr. Howe immediately passed a catheter into the urethra, and making an examination, per vaginam, found the parts in a natural and healthy state. Two days after this occurrence, she began again to expectorate bloody saliva, spitting upon the floor, so as to attract attention, and complained of severe pain in the chest, the consequence, she said, of the injuries she received the night of the assault. Her mouth being examined, it was evident that her gums had been scratched, and that the bloody saliva had been produced by sucking them.

She was now taxed with deceit, and accused of having invented a false and horrible tale, with intent to swear away the lives of three innocent men. She listened with an air of calm resignation, and replied, with gentleness, "God forgive you, gentlemen, wait a while, and you will see how you wrong me." That night, when it became dark, she found her way into the Lock Ward of the Infirmary, from whence she was turned out by the nurse-tender. The evening after, I paid a late visit to the hospital, and missing Sarah Fleming from her bed, I searched for her, and found her again in the Lock Ward—being asked what she wanted there, she appeared much confused, and made an equivocating answer. These apparently trivial circumstances deserve attention from what afterwards occurred. In a week after, having been reproached as an impostor, and subsequent to her nocturnal visits to the Lock Wards, she requested Dr. Howe to examine her, as she felt some soreness about the vulva. He did so, and found venereal chancres apparently in the first stage of formation—hearing the character of these sores pronounced, the miserable woman triumphantly exclaimed, "See, gentlemen, how you wronged an innocent woman—as God may judge me, I got this disorder from the Callaghans the night they assailed me." Information of this circumstance was immediately conveyed to the prisoners, and they were examined by the late Dr. Evans, who gave a certificate that neither of the three brothers presented the slightest trace of the venereal disease. It was not possible to obtain any positive proof of this woman's having procured the venereal virus from some of the patients in the Lock Wards of the Infirmary, and thereby infected herself for the purpose of substantiating the accusations she brought against the Callaghans: her conduct, however, after the trial, showed that this wicked woman could be guilty of any act, which she thought likely to support the tissue of falsehoods she



had invented, to gratify her revengeful malice. It must also be borne in mind, that Sarah Fleming had been for some time a nurse-tender, both at the House of Industry, and in the North Infirmary, where she must have gained a knowledge of the habitudes of diseases, and the modes of producing them, which could not have been acquired by a woman in any other walk of life. On the trial, Sarah Fleming gave her testimony in a calm and collected manner, and the material points of her evidence were not in the slightest degree shaken by the cross-examination of counsel. The more revolting and horrible the accusation, the more readily did it appear to gain credence with the greater number of persons in the court, for it was easier to conceive the prisoners guilty of the crime imputed to them, than to suppose the woman deliberately fabricating such a connected train of fearful circumstances, planned with the intention of destroying the lives and characters of three innocent men, and exposing herself to the serious punishment which awaited the detection of her impositions.

In this case also, the testimony of the watchman and police constable corroborated the story of the prosecutrix. Persons of this description generally give their evidence with a strong colouring to favour a conviction; and the agitated manner of Patrick Callaghan, when arrested in his house, was pointedly put forward by the witness as a proof of guilt. The prisoners did not come before the court with unblemished characters. One of the brothers had been convicted and imprisoned for six months for a felonious assault upon the young daughter of the prosecutrix. Their acquittal was owing to the fact, that their accuser, from the moment of the alleged outrage, had been placed under strict medical inspection; and their lives would have been forfeited had it not been for the evidence of Dr. Howe. After the trial, Sarah Fleming was committed to the city jail, upon an indictment for perjury.

In the May immediately succeeding the March assizes, I undertook the medical charge of the prisoners in the city jail, for my friend, Dr. Nugent, who had gone to London, as one of the deputies from the medical practitioners of Munster, to watch the progress of the medical charities' bill, then before parliament. I found Sarah Fleming, in the infirmary of the prison, confined to bed, in consequence, as she boldly asserted, of the injuries she received the night she was assailed by the Callaghans. When she was informed that she was to be placed under my care, she broke out in the most violent invectives—heaped upon me every reproachful epithet, and cried, "That as I had helped to ruin her character in the North Infirmary, I was now come to persecute her to death in the prison." After some days, I saw that she was really ill, and, with some difficulty, succeeded in calming her indignation. She seemed to be suffering under some very severe abdominal disease. There was great swelling and tenderness of the whole belly, but, more especially, above the pubis. The stomach was extremely irritable, immediately rejecting every thing she swallowed. Her pulse 130, and very small—tongue foul and parched—skin hot and dry. With all these palpable indications of disease, her manner led me to distrust her. I asked to see the alvine evacuations, which, fortunately, had been kept, and found them perfectly natural. On seeing me smile, she said quickly, "You may smile, but look at my urine." The urine was abundant, but heavily loaded with ropy mucus, and deeply tinged with blood. In the bottom of the chamber pot was a very curious-looking sediment, which I found to consist of powdered mortar and ashes. I inquired if she was menstruating, and found she was not; but the nurse-

tender told me there was a discharge and smell from the vagina of an extremely offensive character: her linen was marked with a muco-purulent discharge. The appearance of the urine was both perplexing and suspicious. From the quantity of ropy mucus and blood mixed with urine, together with the swelling and extreme tenderness on pressure over the pubis, I could not fail to recognise an inflamed state of the bladder; but, at the same time, the admixture of the powdered mortar and lime, had been evidently done with the intention of deceit. This combination of true morbid symptoms, and palpable efforts to give a deceptive character to the urinary discharge, induced me to adopt some rigorous precautions before venturing on any active course of treatment. I directed her bed to be placed in the centre of a large room, removed from the walls and fireplace. I ordered her to be closely watched, and that all her discharges should be carefully removed the moment she passed them, and kept for my examination. The next day I found Sarah Fleming alarmingly ill—the tension and pain of the abdomen had much increased—she could not bear the slightest pressure over the pubis, and the discharge from the vagina was much increased and very offensive. In spite of the most determined resistance on her part, I made an examination, per vaginam, and found the vagina completely blocked up with a large solid body, which, with much difficulty, I extracted, and found to be a *large rough paving stone!!!* This miserable victim of her own wicked arts turned to me, and exclaimed, "God forgive you, that is the stone the Callaghans forced into my body, and the doctors at the infirmary could not make it out."

My friend, Mr. Dillon, Demonstrator at the Royal College of Surgeons, Dublin, had accompanied me that day to see the prison, and assisted me to remove the stone, which weighed seven ounces. It must have been lodged for some time in the vagina, as it was thickly coated with a white calcareous incrustation, and layers of thickened mucus. For more than a week this woman's life was in imminent danger. High inflammation of the uterus and coats of the bladder, involving the peritoneum, took place, accompanied by deep ulceration and sloughing of the mucous membrane of the vagina; and, for some days, I was apprehensive the case would terminate in recto vaginal fistula.

I may remark, the infirmary of the prison opened into a garden, to which the invalided prisoners had access, and, in which, were heaps of stones of the same description as the one removed from this woman. During nearly three months that Sarah Fleming remained under my care, she continued to simulate a variety of diseases with a perseverance, and a fidelity of execution, that excited my amazement. Her intention was evidently to multiply proofs, that the several ailments under which she appeared to suffer, were the results of the injuries inflicted upon her person by the Callaghans, and of the injudicious treatment adopted by her medical attendants.

At the ensuing August assizes, Sarah Fleming was tried before Baron Richards, for perjury, convicted, and sentenced to transportation. Mr. Murphy, the governor of the city jail, informed me afterwards, that, from the moment of conviction, the demeanour of this woman became completely changed, and that the report of her conduct on the passage to New South Wales was very favourable.

A report of Sarah Fleming's trial has never been published, as the evidence was too disgusting for the columns of a newspaper. Many members of the bar have since applied to me for information respecting this extraordinary case, and asked me to prepare a report of it; but I felt it to be a painful and



revolting task to describe details of such unparalleled depravity. It is, however, a duty to society to make known these cases of moral monstrosity, for the light thus thrown upon the credibility of evidence in charges of rape and unnatural crimes, where the accusing party is of doubtful reputation, must materially assist in furnishing counsel with the best means of defending innocent persons from the deliberate and artful perjuries of abandoned accusers. The crime of rape being generally committed in secrecy, and against the weaker sex, the law allows the testimony of the injured person to be sufficient, unless impeached, to convict the criminal. Even the bad character of the prosecutrix does not palliate the crime, if the unlawful purpose is effected by violence and in opposition to her will. While the law thus wisely protects the virtue of the female sex, many inducements are presented to reckless and unscrupulous individuals to make false accusations for the gratification of malice and revenge. In this country it is every day becoming a more prevailing practice amongst the lower orders to prefer indictments for rape upon the most frivolous pretences, with the intent to compromise the prosecution by marriage. The facility with which magistrates entertain accusations of violation, loads the calendar of the country with an apparent number of crimes, which, when examined in the courts of justice, prove to be cases of comparatively venial character.

Mr. Justice Perrin, in his charge to the Grand Jury of the county of Clare on this present circuit, remarks—

“You ought to weigh the evidence offered calmly and dispassionately, and investigate into the credibility of any witnesses you examine. This remark emphatically applies to alleged cases of female violation. This is a crime of the deepest atrocity, and one that calls most loudly for severe punishment, where a clear case is established—but a charge of this nature is sometimes trumped up to palliate female levity or shame, and assumed for the purpose of working on broken faith and violated promises. I have been induced to dwell longer on this matter from the apparent carelessness of the magistrates of the county, who, in some instances, return the informations in such cases, merely stating that the person had been laid hold of, and violated, without entering into that enquiry calculated to elucidate the facts of the case.”

Mr. Moore, in his charge to the Limerick Grand Jury, on the same circuit, said—

“Gentlemen—There is one crime, in particular, of which I see seven cases on the calendar—I mean, cases of rape. It is a charge more frequently preferred than any other in latter times, from the facility with which the charge can be preferred by the prosecutrix, while there is considerable difficulty on the part of the prisoner to defend himself. In these cases there is seldom a third party concerned—there is but one witness, and that is the person making the charge, while the unfortunate prisoner cannot be examined on his part. There is but one witness, and that is his accuser.”

As this crime is presumed to be effected with violence, not only to the organs of generation, but, in the struggle and resistance, to the limbs and body of the accusing party, the safest and most conclusive test to which the truth of the charge can be submitted, is the immediate investigation of the person of the female, by a competent medical practitioner. There are few occasions on which the medical jurist can more effectually aid the ends of justice in securing the punishment of the guilty, and in saving the lives of the innocent. At this time, when the science of forensic medicine is zealously cultivated and encouraged in every civilized country—and when a wise attention to the just administration of the law, induces governments to promote the application of the diffe-

rent branches of medicine to elucidate the various doubtful questions arising in courts of justice, a widely different policy is beginning to prevail in Ireland. A great number of prisoners are arraigned, every assizes, before the judicial tribunals in this country, on charges of homicide and rape. These are the cases in which, above all others, the testimony of a medical authority as to the physical evidences of the crime is absolutely required. The systematic hostility, however, displayed by the magistracy and the rate-payers to compensating medical witnesses for their attendance at coroners' inquests, and in courts of law, and the humiliating manner in which their just claims for remuneration are received, naturally indispose the more respectable and intelligent members of the profession from undertaking the care of any case, in which questions of medical jurisprudence may arise. Every public functionary engaged in the dispensation of justice is adequately paid for his services, except the medical witness, upon whose judgment and sagacity the life and death of the accused depend. Upon him devolves the most awful responsibility a human being can discharge, and yet, when the inquest is over, he must plead for his pitiful fee before the rate-payers, who, acting upon the single idea to reduce the burthen of the county cess, care but little whether the ends of criminal justice be satisfied or not. If the accurate examination of the dead body by a competent medical practitioner is necessary in suspected homicide to determine the cause and manner of death, the immediate inspection of the person of the accusing party is not less necessary in rape to substantiate the charge and justify the committal of the accused to prison. To conceal the crime for any time after its perpetration, properly throws discredit upon the subsequent testimony of the female. It is presumed that an innocent and injured woman must be anxious to vindicate her reputation, and to throw herself with eagerness upon the protection of the law. This assumption attaches additional value to immediate medical inspection; for it is while the physical traces of violation are palpable, and the bruises and other marks of violence on the person are recent, that the nature and true character of the offence can, in most cases, be satisfactorily tested. As the duties of the magistrates are very generally discharged at the petty sessions, considerable delay may sometimes take place between the violation of the female, and an opportunity occurring for directing a medical examination. It may, however, be supposed, that the police must obtain the earliest intelligence of the commission of the crime, and be thereby enabled to procure such prompt investigation into the real circumstances of the case, as would determine whether rape had been committed or not. A general instruction to the constabulary, authorising them, on every charge of rape, to require the accusing party to submit, at once, to the examination of the nearest medical practitioner, would offer an effectual check to frivolous accusations; and where lawless violence had been committed, would afford the most explicit confirmation to the testimony of the injured person.

The most striking proofs of rape occur where it has been the first connexion on the part of the female. In married women, and in those accustomed to sexual intercourse, the detection is much more difficult. Many jurists have expressed doubts whether a rape can be consummated on an adult female in good health and strength. Terror and agitation may, perhaps, cause a young girl to fall into a state of helpless syncope; but an experienced matron will struggle in the defence of her virtue, and not succumb unless force be exercised by blows and actual injury so as to leave indisputable traces upon her person of the violence of the aggression. An accusation of rape



brought by a prostitute against a single individual, can scarcely be entertained, unless it is proved that the act was accomplished by some peculiar atrocity, such as having produced previous insensibility by violence or soporifics. The proofs of injuries of this description having been inflicted by the prisoner upon the accuser would offer a strong corroboration to the validity of her testimony. Many persons may combine against a female to commit the crime; and if she be violated by several persons in rapid succession, the injury produced, and the consequent marks of violence, will leave little doubt of the nature of the outrage. These are cases of extremely rare occurrence, and a conviction for the capital offence ought never to be obtained, unless the facts, as detailed by the accusing party, are fully confirmed by a medical investigation.

On the 21st of May, 1839, a woman of the name of Ellen O'Brien came under my care at the Cork North Infirmary. She was about 30 years of age, of low stature, but an extremely stout frame—she had borne one child some years before—this woman had been a prostitute for a considerable time. On the 26th of December, 1838, she was seized by a group of market boys in the town of Kinsale, dragged into a retired place and forcibly ravished by eight of them. Two of these men perpetrated the crime twice—to escape from her brutal assailants she took refuge in the jail of the town. Although this unfortunate woman must have been evidently suffering from the shocking treatment she received, and had at once claimed the protection of the law against a number of men whom she charged with a capital offence, nearly five days were allowed to elapse before Dr. Edward Jago was called upon to make an examination of her person. If a similar delay had occurred in the case of Sarah Fleming, and the time had been allowed to pass, in which a medical witness could positively decide upon the absence of marks of violence upon her person, a capital conviction of the Callaghans would, in all probability, have been the result. Dr. Jago found her labouring under much pain of the chest, and difficulty of breathing, arising from the contusions she received. On examining the genitals, they presented the usual appearance exhibited by these organs in females of a loose character, but the uterus protruded largely, and was with some difficulty replaced. There was also an ichorous discharge from the vulva, and she complained much of dysuria—the more urgent symptoms were, after a time, relieved by the treatment adopted by Dr. Jago. This woman positively and perseveringly asserted, that the prolapsus uteri was the result of the brutal attack made on her, as she had never observed or suffered from any affection of the kind before. At the spring assizes three of these men were tried for rape, capitally convicted, and sentenced to be hanged. The sentence was afterwards commuted to transportation for life. Another of them awaits his trial this assizes. When Ellen O'Brien came under my care, the uterus was protruding and enlarged to three times its natural size. It was in a state of chronic inflammation, exceedingly tender to the touch. This woman was occasionally seized with violent paroxysms of periodic pain in the uterus, attended by spasmodic contractions of the abdominal muscles and severe vomiting. The bladder was in a state of extreme irritability. By means of cupping the loins, keeping a perpetual blister over the sacrum, and putting her under an alterative course of medicine, the inflammatory affection of the uterus was reduced. The sensibility, however, of the organ continued so excessive, that she could not bear the slightest mechanical support. A pessary caused her unendurable agony, and even a graduated

compress upon the perineum, after the principle of Dr. Hull's uterine supporter, could not be borne. After some months, this woman was transferred from the Infirmary to the jail, in consequence of having made a violent assault upon one of the nurse-tenders. She was much relieved, but incapable of making any continued exertion in the erect position.

The following case offers another strong illustration of the extensive injury inflicted upon a female, when violated by a number of persons. About two years and a half ago, a young girl was brought to me at the Infirmary by her mother. She was 17 years of age, and extremely well looking. This young woman was a servant-maid in the house of a respectable family, and had obtained permission, the day before, to go with some companions to the Cork races. Towards evening she went into a tent on the race-course to take refreshment, and having danced a good deal, drank freely of porter. She felt herself growing confused and giddy, and was laid upon some straw in the corner of the tent to sleep. She could not tell how long she slept, but after a time was rudely awoken by several men laying hold of her. One of them fastened a handkerchief round her head so as to prevent her crying out—others seized her by the legs and hands, and another violated her. She became insensible for a while, and on recovering, consciousness, was aware that another of the party was committing the offence. She could not tell how often the act was perpetrated, nor could she identify any of the persons who injured her. I do not vouch for the strict accuracy of this part of her history, but on making enquiries amongst her friends, the particulars I collected confirmed her statement. When I examined her at the Infirmary, I found the genitals bloody, inflamed, and painful—there were marks of a recently ruptured hymen—the fourchette was torn, and a deep dusky inflammation affected the labia, nymphæ and perineum—a bright erythematous inflammation was diffused over the groins, down the thighs, and up the abdomen. She was placed in bed—bled from the arm—freely purged, and cold wash applied to the parts. In defiance of the most active treatment, ulceration rapidly succeeded and the clitoris, nymphæ, perineum, labia, and mons veneris sloughed away, leaving the pubis exposed. After a long and painful struggle, this great ulcer cicatrized, and she left the hospital with only a small orifice preserved by keeping in a bougie, to give transmission to the catamenia. At no period during the progress of the case, could I recognize any symptoms of syphilis. The aspect of the ulcers, and the appearance of the inflammation of the surrounding parts were very similar to what occurs in that mortification of the pudenda, which takes place in eruptive fevers of a peculiar description. This disease, which has sometimes been mistaken for the consequence of violence done to the parts of generation, has been described by Mr. Kinder Wood, in the *Medico Chirurgical Transactions*, and by Mr. Lawrence in his lectures on surgery. The cases, however, detailed by Mr. Wood, occurred in young children between one and six years of age.

There are few occasions on which the medical witness is more embarrassed in attempting to form a positive opinion as to the degree of criminality which has been perpetrated, than in cases of criminal assault upon young girls before the age of puberty. At that period of life the female organs of generation are extremely liable to inflammation from a variety of causes, the results of which present a train of symptoms and appearances, which can with difficulty be distinguished from venereal gonorrhœa. Within the last few years I have seen three cases, in which young girls, between the age of nine and eleven years, were



infected with gonorrhœa, in consequence of criminal assaults being made upon them. In each of these cases the connection was imperfect, and although gonorrhœa was communicated, the violence used did not afford sufficient evidence of the fact of penetration, to sustain the indictment for rape. A most mischievous notion is very generally entertained by the dissolute amongst the lower orders in this country, that if a man or woman, suffering from gonorrhœa, succeeds in giving the disorder to a healthy person, and more particularly to one who never had connexion before, the affected individual parts with the disease, and a rapid recovery ensues. This wicked delusion, in many instances, induces profligate persons labouring under gonorrhœa to abuse young girls, without, however, using sufficient violence to effect penetration, and yet communicating the disease by bringing the organs of generation into contact. This is a great crime, and loudly calls for the heaviest visitation of the law, short of capital punishment. In the cases that came under my own observation, in which girls of a very tender age were infected with gonorrhœa, the disease assumed a highly inflammatory character, and the genitals became the seat of very malignant ulceration—sloughing with an extensive destruction of parts took place, and the lives of the young sufferers were for a long while endangered. The individuals charged with these outrages were tried, but the fact of penetration not being clearly proved, convictions could only be obtained for misdemeanour. The medical investigation in cases of this description requires to be conducted with extreme caution. Young girls of a strumous habit, are very liable to a purulent discharge, accompanied with inflammation about the vulva. These appearances, in a child, sometimes offer a strong temptation to a depraved mother to make a false accusation, in the hope of extorting money by a compromise. Unless the person charged with the criminal assault, is proved to be labouring under the disease at the time at which he is charged with committing the offence, and the collateral circumstances satisfactorily corroborate the accusation, the mere fact of a muco-purulent discharge in very young females, even though there be considerable inflammation and dysury, does not establish the existence of venereal gonorrhœa.

6, Camden-place, Cork, March 10, 1840.

#### ON THE PREPARATION OF THE SYRUP OF SMILAX ASPERA.

BY M. DONOVAN, ESQ.

THE root now called *smilax aspera* is totally different from that to which this name was given by Dioscorides, and which there can be no doubt was the common *sarsaparilla*.

What the virtues of the *smilax aspera* may be, is a point not yet clearly determined. Were we to judge from its powerful smell of the prussic acid contained in some kernels, its medical efficacy ought not to be inconsiderable. Its syrup seems to be the favourite formula; and, when rightly prepared, perhaps possesses all the physical qualities of the root.

But the proper mode of preparing this syrup, so that its qualities shall be preserved unimpaired, being not given in any pharmacopœia, has been a matter of doubt; for it will be quite obvious to any one that investigates the subject, that the routine process for forming pharmaceutical syrups will not succeed. This difficulty in the preparation has much limited the use of the syrup. I have tried several methods, and the one I prefer, and have selected for my own use, is the following:—

Six ounces of root of *smilax aspera* are to be pounded in a mortar, with a heavy pestle, until the external

cortical part is detached from the internal woody part, and is reduced to a coarse powder.

The whole is to be sifted through a coarse sieve, and, if necessary, the residuum again pounded and sifted, until three ounces have passed through. This is chiefly the cortical part: the woody part is very tough, and resists the pestle, but must be thoroughly broken down.

The cortical part is then to be digested in six ounces of rectified spirit for two days, in a well-stopped vessel. The whole is to be thrown on a strainer of linen; and when all has run that will pass, the residue is to be tied up in the strainer, and submitted to powerful pressure. The residuum is to be reserved for another process, and the tincture preserved in a stopped bottle.

The woody portion that did not pass through the sieve, is to be boiled in a quart of water, until about one-half has been evaporated. This decoction is to be strained by expression as before; the strained liquor is to be poured, boiling hot, on the former residuum; and they are to be allowed to infuse for four hours. The infusion is to be strained by strong expression, and mixed with the tincture previously obtained.

The mixed tincture and infusion are then to be measured, and white sugar is to be added in the ratio of twenty-nine ounces to a wine-pint of liquid. The application of a gentle heat, accompanied by constant agitation, will not only effect the solution of the sugar, but will evaporate much of the spirit without occasioning any precipitation of the resin. When the whole volume is reduced by three ounces, the heat is to be discontinued, and three ounces of water are to be added.

There are some minor practical difficulties in this process which must be surmounted by the skill of the operator. The force of a small screw-press, or lever-press, will be required for forcing out the tincture and infusion from the residua.

This syrup is of a brown colour: its smell is most fragrant, and the flavour of its sweetness very agreeable to both children and adults.

The quantity of sugar required is not here stated, as it evidently depends on the quantity of liquid which the screw-press is capable of affording.

The small quantity of alcohol that remains in the syrup cannot be productive of any inconvenience.

11, Clare-street.

#### UNCERTAINTY OF TINCTURE OF IODINE.

TO THE EDITORS OF THE MEDICAL PRESS.

95, Grand Parade, Cork, March 9, 1840.

GENTLEMEN,—If you think the enclosed worthy of insertion in your Journal, it is quite at your service.

Yours truly,

FRANCIS YOUNG.

It appears from the researches of MM. Colin, and Gaultier de Claubry, (*Ann. de Chimie, &c.*) that tincture of iodine when made according to the directions of the pharmacopœia, is rather an uncertain preparation, inasmuch as it contains a greater proportion of uncombined iodine at one time, than at another. These chemists ascertained, that when iodine is kept in contact with any vegetable substance, containing hydrogen in excess, hydriodic acid is formed. This they found to be the case with alcohol, but as they used heat to drive off the iodine before testing, their experiments prove only that this acid is formed in the tincture, when the solution is effected by means of heat.

It may be shown in the following way, that it is also formed when the tincture is made without heat—



so that in either case, the strength of the preparation will depend on the length of time it has been made. Set aside a little of the tincture after it has been made some time in an open vessel, and let it remain exposed at the usual temperature of the atmosphere, until the spirit and most of the iodine have evaporated. Mix with the residue a small quantity of water, and add starch until the liquid becomes quite colourless, and free from iodine. After filtering, or when the iodide of starch has subsided, test it with litmus paper, solution of sub-acetate of lead, and strong nitric, and sulphuric acids, which will indicate the acid in the usual way.

Hence it would appear, that the ioduretted mineral water of M. Lugol, and the Liquor potassii iodidi comp. of the London pharmacopœia, are preparations better adapted for internal use.

### REVIEWS AND NOTICES OF BOOKS.

**TREATISE ON THE EAR;** including its Anatomy, Physiology, and Pathology. By JOSEPH WILLIAMS, M.D. 8vo. Pp. 255. London, 1840.

WE are glad to find that this neglected branch of surgery is in a fair way of attracting the attention which on every account it merits. The essay now before us, for which the author was awarded a gold medal by the University of Edinburgh, treats of the following topics:—

“The special anatomy of the human ear—a brief description of different portions of the ear in various animals—the theory and laws of sound—the physiology of the ear, and the difficulties connected with that branch of the subject—the pathology of the ear, and some interesting cases in illustration—suggestions as to the mode of treating diseases of the ear—instances of morbid alteration in the structure, and congenital malformations—their presence or absence in the congenitally deaf and dumb—and some observations respecting medico-legal facts connected with the deaf and dumb.”

In the course of his investigations into these important subjects, Dr. Williams exhibits evidence of extensive and laborious research, together with a degree of candour, and freedom from that spirit of quackery which too often pervades similar treatises upon special departments of medicine. It would be vain for us to attempt an analysis of a work of this description; we can, however, recommend it to our readers, as containing much interesting and useful information.

### BOOKS RECEIVED.

*The Principles of Botany, Structural, Functional, and Systematic, Condensed, and immediately adapted to the use of Students of Medicine.* By W. Hughes Willshire, M.D. London, 1840.

### TO CORRESPONDENTS.

*Dr. O'Beirne's letter shall appear next week.*

### TO SUBSCRIBERS.

*Gentlemen in arrear are respectfully requested to forward their subscriptions.*

Gentlemen who may desire to be supplied with the *Press* will find it to their advantage to communicate directly with the proprietors. To insure a prompt and regular service of the paper, it is only necessary to observe the following directions:—The person wishing to be supplied, has merely to deposit, in the nearest post-office, the amount of his subscription for any period he may think proper, according to the scale printed in our last page, and to demand from the post-master an order on the post-office, Dublin, in favor of the Proprietors of the

**MEDICAL PRESS.** This order will cost sixpence, which may be deducted from all subscriptions of six months and upwards. It will be furnished upon a sheet of letter paper, in which the subscriber can write his name, address, and post-town. He has then only to fold it into the form of a letter, direct it, “Medical Press, Dublin,” and return it into the hands of the post-master. The order will be complied with by return of post.

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN, WEDNESDAY, MARCH 25, 1840.

### CURIOSITIES OF MEDICAL LITERATURE.

UNDER this title we have considered it our duty from time to time to notice a practice which has for several years prevailed in Dublin, of putting forth puff advertisements, which eclipse the choicest effusions of the most accomplished charlatans, pretending to be a part of the current news of the day collected by the purveyors for the public press. At first they were furnished by the parties themselves, but as soon as it was ascertained that such effusions were valued, those who enjoyed opportunities of doing so made return for obligations, by providing them. Latterly, however, some of the gentlemen of the fourth estate, in their zeal to serve friends and make return for services in kind, have rendered the objects of their eulogy ridiculous, by giving extravagant accounts of simple matters. We lately had to notice an instance of this kind, in which an operation for a double hare-lip performed by Mr. Ferrall, was described by some ignorant person, as a marvellous example of the effect of surgical skill, in moulding the physiognomy of a pig into the form of the human face divine, thus unintentionally throwing ridicule on a successful operation in a difficult case; but proving what we know to be true, that Mr. Ferrall had nothing to do with the announcement. A worthy contributor to our pages, and one who requires no such aids to establish his reputation, has lately figured in the same way in the columns of our esteemed contemporary, *Saunders' News-Letter*, which, by the way, have latterly become quite an asylum for medical effusions of dubious authenticity. The announcement runs thus:

#### “SURGICAL PROMPTITUDE.

“On Wednesday an interesting child, apparently about two years old, was brought by a policeman to the College of Surgeons, while suffering from suffocation, produced by having endeavoured to swallow too large a portion of bread. Surgeon Porter, of Kildare-street, who happened at the time to be at the College, re-animated the little sufferer by using his riding whip, (no probang being at hand,) and forcing the morsel into the child's stomach.”

The fact is as stated, but lest our readers should suppose that Professor Porter had thrust the butt-end of his whip down a child's œsophagus, it is right to state, that it was the narrow end which was introduced, the lash being collected into a ball with a bit of twine, thus converting the whip into a very effectual probang.

All this, however, is a trifle to what we have next to notice. In the columns of the same paper we find, under the head of “ASSOCIATION OF PHYSICIANS,” that Dr. Hunt cures typhus fever and peritoneal inflammation with opium, eschewing mercury, and recommending “the utmost attention to abdominal symptoms in fevers occurring *just now*.” Think of that, all good people who read *Saunders*, and if any of you become feverish with “abdominal symptoms,” be sure to send for Dr. Hunt. Dr. Duncan “has seen peritoneal inflammation treated successfully by opium alone”—consolatory information for Mrs.



Grundy, should poor dear Mr. Grundy get a touch of the colic. Dr. Churchill "had much experience in the last class of cases." Good people all, with one accord, call in the man of experience. To make matters still more moving, the President of the College of Physicians announces, for the information of his respected fellow citizens, that they should "attend to the abdominal symptoms," and so, the "ASSOCIATION" adjourned to the first of April. *Sic transit gloria mundi.* An association which once published volumes of very respectable transactions, reduced to the expedient of parading its members and their cures in the columns of a newspaper, along side those of Goss, Morison, Spolasco, and company. Verily, we have fallen upon pleasant times for the profession, and have hit upon agreeable expedients, for maintaining the "reputation, honour, and dignity thereof."

But it is all as it should be—no cause of complaint—no reason to be ashamed—no fear for the 'right sort.' Have not the "Heads," with their respective "Tails," provided a remedy for all evils? If the infirmary and dispensary surgeons should be deprived of their salaries, have they not established a club for them, where, when they come to town, they can have a mutton chop and a tumbler of punch on the most reasonable terms? Did they not, on the most mature consideration, and with the most heartfelt and disinterested regard for the interests of the parties concerned, crush that destructive measure—the medical charities' bill—and consign their brethren to the tender mercies of the poor-law guardians?—And have they not made solemn league and covenant to resist, "*igne, ferro et medicamentis*," that horrid beast—medical reform—and to strangle that dragon of Wantley—the MEDICAL PRESS. Oh, no! Keep yourselves quiet, good gentlemen, in the provinces—disturb not that repose so essential to the well-being of those who love you—listen not to the wicked advice of those who would stir you up to acts of insubordination; and, rest assured, that in the end, you shall have neither cause for complaints, or power to make them!

#### A LAWYER'S OPINION OF THE MEDICAL PROFESSION.

We extract from the *Southern Reporter*, the following paragraph of a speech to evidence, delivered by Mr. Cooper, a barrister, in an insurance case, tried at the recent assizes of Cork.

"He (Mr. C.) wished he could speak of the medical profession as he could of that of which he had the honour to be a member. Jealousy was never permitted to intrude between the gentlemen of the bar: their's was a generous and open disposition for and regarding each other. Not so, he believed, with regard to the doctors. Amongst them, it was to be regretted, that a littleness of feeling prevailed, not at all compatible with the high and honourable profession of which they were members."

The melancholy and degrading truth contained in Mr. Cooper's words cannot be denied, we can indeed explain it by the fact, that among us there are no judges—scarcely a man, whatever may be his wealth, who, in spirit, is raised out of the debasing struggle for mere bread. Our 'heads,' as they choose to call themselves, have no object of ambition, no motive of action beyond the grovelling desire of accumulating gold. In their case the competition for a solitary fee brings them into daily rivalry, not only with each other; but with the needy boy whose diploma is not a year old.—Nay, let that boy, in his inexperience, breathe but a wish to raise his once honourable profession from the mire in which sordid and vulgar men have sunk it, and these very 'heads' will forget their own miserable bickerings, and join in cabals and clubs to crush him.

There is but one cure for this state of matters, and

that is the creation of a class, no matter how small, in the profession, whose interest it shall be to take care of the public health, not to cure the diseases of individuals.

#### EFFECTS OF THE NEGLECT OF MEDICAL POLICE.

The following details of a coroner's inquest, held in the Wexford county gaol, on the body of a man named Michael Connors, we extract from the *Wexford Independent*:—

"John Goff, a turnkey of the county gaol, examined: Locked the hospital door last night about seven o'clock; saw deceased and Biddy Savage, the nurse-tender; they were then apparently in good health; unlocked the door this morning about seven o'clock; found the room door locked in which deceased and the nursetender slept; went to the window and raised it up; some smoke came out of the window; called to the nursetender whom he saw in bed, but received no answer; reported it immediately to the matron, and sent for a smith who broke open the door; witness found deceased quite dead, and the nursetender insensible; there was a very strong smell of soot and smoke in the room; deceased was on his side; supposes he was dead some time, as he was nearly cold but not stiff.

"Daniel Doyle, a prisoner in the gaol, examined.—Slept in a room in the hospital last night; the room informant slept in is over the room in which deceased and the nursetender slept; heard a snoring noise about 11 o'clock; it lasted until four in the morning, when informant fell asleep; cannot say whether the noise proceeded from the room opposite, or the room under that which informant slept in; thinks he heard some person calling out mistress, but cannot say whether it was last night or the night before.

"[The nursetender was too ill to be examined, and Dr. Boxwell stated her life was not out of danger.]

"Henry H. Boxwell, M.D., examined.—Has performed a post-mortem examination on the body of deceased, found a quantity of fluid blood on the surface of the brain, found also a large quantity of serous fluid in the cavity of the brain, the lungs were congested, and there was a quantity of fluid blood on the right side of the head, is of opinion that his death was caused by suffocation; the deceased was in good health on the 10th inst.

"Verdict.—Died of suffocation, produced by the unhealthy apartment in which he was lodged.

"The nursetender has since been pronounced out of danger; and persists in stating that there was no fire in the cell, whatever, when she retired to rest. She appears to labour under paralysis, which she says first seized her on the night in question, after she lay down. Subsequent to this she heard the old man call on her; but she was unable to answer him, and was not at all aware of his death that night."

This shocking occurrence speaks for itself; surely it is incumbent upon the authorities to institute a full investigation into all the circumstances connected with it.

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, MARCH 19, 1840.—Council met.

The subscriptions of Dr. Corbett, of Innishannon, Dr. William Murphy, of Cork, Dr. Barry, of Rathcormac, and Dr. Caesar, of Cork, having been handed in, they were admitted members of the Association.

The Secretary reported, that, in accordance with the wishes of the Council, he had attended the meetings of the Western and Eastern Medical Societies, and of the Practitioners of the County and City of



Cork, which were held in Cork on the 12th instant—that these meetings were numerous and respectfully attended—and that the utmost anxiety was evinced by all the members to co-operate with this Association, and to unite, cordially, with it, in any steps which may be necessary for effecting a reform of the medical institutions, obtaining for the medical charities permanent provision and support, and for otherwise defining and upholding those rights which are justly claimable by the profession. That several resolutions, and two petitions to parliament, embodying these sentiments were agreed to, all of which were published in the *MEDICAL PRESS* of yesterday, the 18th instant.

The Secretary having reported that the objects and constitution of the Association are not thoroughly understood by the Profession in the provinces—it was Resolved:—That the following brief sketch of them be published for the information of the public and the profession:—

"I.—The Medical Association of Ireland was formed at the Medical Congress, holden at Dublin, on the 29th of May, 1839, when a President, Council, and Secretary were appointed.

"II.—The Association consists of all respectable persons, possessing a degree or diploma in medicine or surgery, who may choose to enrol themselves, paying an annual subscription of 10s.

"III.—The objects of the Association are—1. To protect medical practitioners in all their just and legal rights. 2. To seek for a legislative enactment giving a permanent constitution to the profession, and directing a competent and uniform standard of education, and an equality of privileges for all persons who shall in future be permitted to practise medicine throughout the empire.

"IV.—For carrying out the first object—the protection of practitioners—the funds of the Association shall be employed, upon all suitable occasions, in obtaining legal advice and assistance, for ascertaining and supporting the rights of individuals when unjustly attacked or oppressed.

"V.—For the same purpose, the influence of the Association with government and the legislature, shall be, in like manner, made available, and employed by the Council.

"VI.—All communications from members of the Association, addressed to the Secretary, are laid before the Council at its weekly meetings, which are regularly held at 13, Molesworth-street, every Thursday, at half-past four o'clock. The proceedings of Council are published, weekly, in the *MEDICAL PRESS*.

"VII.—The Second Anniversary Meeting of the Association will be held in Dublin on the last Wednesday in May, when the Report of the Council, and Treasurer's Accounts, will be laid before the members at large: Council and Officers, for the ensuing year, elected, and all matters affecting the interests of the profession considered.

"RICHARD CARMICHAEL, President.

"JOHN MACDONNELL, Treasurer.

"H. MAUNSELL, Secretary."

#### BRITISH MEDICAL ASSOCIATION—MARCH 17.

Petitions to both houses of parliament were laid on the table from the Nottingham Branch of the Association, and ordered to be forwarded for presentation. They were signed by seven physicians and twenty surgeons, and prayed for an *effective* system of medical reform.

On the motion of Mr. Brady, seconded by Mr. Davidson, a congratulatory address on the royal marriage was unanimously voted to the Queen, Prince Albert, and the Duchess of Kent.

Resolved unanimously, "That eight members of council be requested to act as a committee of publication, with power to add to their number."

Resolved unanimously, "That the half-yearly general meeting of the Association be held at Exeter Hall, on Monday evening, the 30th of March, at eight o'clock."

The attention of the council was called, in the course of the evening, to a bill, intitled, "An act to extend the practice of vaccination," now in progress in parliament, when it was resolved unanimously, "That a sub-committee be appointed to watch and consider the provisions of said bill."

#### NORTH OF ENGLAND MEDICAL ASSOCIATION.

This active society has addressed a circular to the members of the profession throughout England, calling upon them to forward petitions to both houses of parliament. Accompanying the circular, is printed a model petition, which appears to us to contain every thing necessary to be put forward at the present crisis. The following excellent piece of advice, we take the liberty of quoting from the circular, and beg to recommend it to the best attention of our reforming friends:—

"They (the petitions) should subsequently be folded in covers, and one of them be directed to a member of each house of parliament, who, to prevent the supposition of medical reform being a PARTY QUESTION, should be of opposite political opinions. A preference, it is conceived, should be given to local representatives, and noblemen connected with the town or county from which petitions are sent, as it is desirable to create a GENERAL interest in this subject on the part of the legislature."

#### POOR-LAW INTELLIGENCE.

CORK UNION.—The following is the dietary fixed upon:—

Breakfast—12 ounces bread; 1 pint milk. Dinner—3lbs. potatoes; 2 pints porridge.

The plan of giving three meals in the day has been abandoned as being inconvenient. It has been proposed by Mr. Voules, and agreed to by the board, that the allowance of bread should not be given in separate rations, but that an average of twelve ounces per head, should be allowed for the whole number, and distributed according to the appetite of each pauper, some being supposed capable of consuming more, and others less than the average.

We perceive from the proceedings of the board, at their meeting on the 15th inst., that some disposition was evinced, both by the guardians and assistant-commissioner, to blame the medical officers of the North Infirmary for having refused admission to a dying pauper. This was demanding bricks, and giving no straw, with a vengeance; the funds of the infirmary being, as we understand, already overdrawn, on account of the current six months, to the amount of £250.

Under these circumstances it will be necessary to close the institution, unless some legal support be very shortly provided.

#### MEDICAL INTELLIGENCE.

##### HOUSE OF LORDS—TUESDAY, MARCH 17.

Lord ELLENBOROUGH moved for a Return from the Registrar-General's Office, of the number of persons who had died of small-pox in the year 1839.

##### HOUSE OF COMMONS.—MARCH 17.

Lord MORPETH gave notice that on Thursday next he should move for leave to bring in a bill for the suppression of mendicancy in Ireland.

The bill has been since ordered to be prepared, and brought in by Lord Morpeth and Mr. Pigott.

##### VACCINATION EXTENSION BILL.

The Vaccination Extension Bill has passed the House of Lords. The following is an abstract of it as amended in Committee, on the 19th instant. All the important clauses are given in full:—

"1. Be it enacted, That from and after the passing of this act it shall be lawful for the guardians of every parish or union, and for the overseers of every parish in which relief to the poor shall not be administered by guardians,



in England and Wales, and they are hereby directed, to contract with the medical officers of their several unions or parishes respectively for the vaccination of all persons who may come to them for that purpose.

"2. That such guardians and overseers shall, after consultation with such medical officers, from time to time appoint and give four days notice of the appointment of such and so many convenient places and times, as to them may seem fit, at which such medical officers shall attend to vaccinate all persons who may come to them for that purpose: Provided always, that not more than three calendar months shall in any case elapse between the times at which such medical officers shall so attend.

"3. In making necessary arrangements, guardians to conform to the regulations of the poor-law commissioners.

"4. Medical officers to report to the guardians, at their next meeting, the number of persons vaccinated.

"5. That in case any such medical officer shall not be willing, during the pendency of any existing contract which may have been entered into by him with such guardians or overseers, to make a further contract for the vaccination of persons as herein-before mentioned, on such terms as to such guardians or overseers may appear reasonable, or in case there shall not be a medical officer appointed in any district of any union or in any parish, then it shall be lawful for such guardians and overseers, and they are hereby directed, to make such contract as herein-before mentioned with any medical person, not being a medical officer of any such parish or union: Provided always, that every such last-mentioned contract shall cease and determine at the same time as the contract entered into with such medical officer as aforesaid.

"6. That every such medical person shall give the like attendance and make the like reports as is and are herein-before required from the medical officer of any parish or union.

"7. Guardians to transmit a copy of every contract to the poor-law commissioners, who may annul the same, within fourteen days, but not after.

"8. That as soon as may be after the passing of this act the guardians of every poor-law union in Ireland shall (subject to the approbation of the poor-law commissioners) divide such union into districts of convenient extent, and shall (subject to such approbation as aforesaid) contract with competent medical persons for the period of one year, and so from year to year as such contract may expire, for the vaccination of all persons who may come to such medical persons for that purpose.

"9. Previous provisions with respect to unions in England and Wales to apply to Ireland.

"10. That any person not being qualified by law to practise as physician or apothecary, and not being a member of the Royal College of Surgeons, who shall inoculate with variolous matter for the purpose of causing the disease of the small-pox, or use in any other manner any variolous matter for such purpose, such person so offending shall be liable to be summarily proceeded against, and convicted before a justice of the peace on proof of such offence committed in England or Wales, or, in case of such offence committed in Ireland, before the magistrates assembled in petty sessions, and for every such offence be liable to be imprisoned in the common gaol or house of correction for a term not exceeding one calendar month, with or without hard labour.

"11. Such qualified persons to make a quarterly report to the poor-law authorities of persons so inoculated by them."

The "South Tipperary Medical Association" has forwarded petitions to both Houses of Parliament on Medical Reform and the Medical Charities.

The Students of Medicine in Edinburgh have petitioned for Medical Reform. They say:—

"That the colleges and corporate institutions, which at this time preside over the medical profession, are wholly unequal to the correction of the abuses complained of by medical men.

"That the state of medical education in Great Britain is such as to require considerable amendment, there being in the United Kingdom no fewer than nineteen sources from whence are obtained diplomas

and licenses to practise medicine, each varying from another in the extent of the education thereby enjoined, and the examination instituted, as well as in the privileges conferred.

"Your petitioners, therefore, pray that your honourable house will adopt such measures as will confer upon the medical profession a sound and efficient legal constitution, and place it under a system of government, based upon such principles as shall protect the interests alike of its members and the public—ensure uniformity of education and examination for all who enter it—prevent illegal practice—and confer reciprocity of privilege on practitioners throughout England, Scotland, and Ireland."

#### EPIDEMIC OF SCARLATINA.

This formidable disease has appeared epidemically in Ennis, and in several instances has proved fatal. Dr. George O'Brien, one of the surgeons of the Clare Infirmary, is at present labouring under it, but we are glad to be able to add, with favourable symptoms.

#### PROMOTIONS.

**CIVIL.**—Dr. John Griffin, of Kiltrush, has been elected Medical Superintendent of the Kilkee and Carrigaholt Dispensaries.

**NAVAL.**—Francis V. Carey, Physician and Surgeon to the Castle Townshend Dispensary, has been appointed by the Lords Commissioners of the Admiralty, Surgeon and Agent to her Majesty's Cutters and Navy for the Castle Townshend stations.

#### VACANCIES.

Dr. Eames has resigned the Dispensary of Miltown, County of Westmeath.

Dr. Bookey has resigned the Dispensary of Fenagh, County of Carlow.

#### OBITUARY.

At Buttevant, on the 19th instant, of fever, John M'Fadzen, Esq., M.D., Medical Superintendent of the Buttevant Dispensary and Fever Hospital, for twenty-two years.

In Galway, Michael O'Connor, Esq., Apothecary.

#### REGISTER OF THE WEATHER.

	1840.	Max.T	Min.T.	Barom	Rain.
Sunday	Mar. 15,	51.5	41	29.975	.030
Monday	16th,	52	43.5	30.250	.003
Tuesday	17th,	54	33	30.410	
Wednesday	18th,	53	35	30.350	
Thursday	19th,	54	40	30.400	
Friday	20th,	53	39	30.518	
Saturday	21st,	54.5	32	30.500	

Dr. JACOB will Commence the LECTURES on DISEASES of the EYE, in the City of Dublin Hospital, on MONDAY, the 30th of March, at Four o'Clock, and will continue them daily until the end of the Session.

Just published, 4to., price 4s., Part III. of ANATOMICAL SKETCHES & DIAGRAMS.

By J. WORMALD, and A. M. M'WHINNIE, Teachers of Practical Anatomy at St. Bartholomew's Hospital.

The Three Parts now published are intended to illustrate the greater part of the course and distribution of the whole of the Cerebral Nerves, and the various important regions of the front of the neck, in the order most convenient for their examination.

S. Highley, 32, Fleet-street, London.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.  
Wednesday, March 25, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXV.]

DUBLIN, WEDNESDAY, APRIL 1, 1840.

{ PRICE SIXPENCE,  
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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE VIII.—VENEREAL DISEASES.

*A just knowledge of their natural history and progress prevented by the general and indiscriminate use of mercury.—Hunter's doctrine of the progressive nature of Syphilis until stopped by mercury occasioned great errors in practice.—Mercury often relinquished without relinquishing Hunter's doctrine, through the invention of specious names.—Experiments of inoculation by Bell, Hays, and Ricord support the doctrine of a plurality of venereal poisons.—Two distinct periods in gonorrhœa and primary ulcers—the one of infection and the other of reparation.—Experiments with the matter of bubo and with that of constitutional ulcers considered.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—Although I have had, myself, ample experience of the existence, not only of the constant groupings or congeries of symptoms, as I have stated in my last lecture, but of the connexion which exists between the primary and secondary symptoms, a particular form of primary ulcer being followed by a particular or corresponding form of eruption—yet I should regret that you would leave this lecture room, with an impression that this doctrine is universally received or esteemed orthodox by the profession. One portion of it, viz., the grouping of symptoms, as I have described them under the heads of papular and phagedenic diseases is, I believe, pretty generally admitted to be true; indeed I cannot well conceive how any hospital surgeon who is not actually blinded by his prepossessions, can refuse his assent to this proposition; as I have been looking at them these five and twenty years, in this hospital, where they have been as familiarly known to the successive classes of pupils who have been educated here during that period as the most common events in hospital practice. But they are by no means confined to this hospital

or country, for I have recognised exactly the same grouping of symptoms in the various hospitals of England, France, Germany, and Italy, which I have visited. The pustular and scaly forms of venereal are equally regular in the same grouping of their symptoms, but are not so frequently recognised, as neither of them is so generally met with as the papular and phagedenic.

It is only since the non-mercurial treatment has been established, that the natural appearance, history, and progress of venereal complaints has had any chance of being understood; for the universal practice of exhibiting mercury, not only when their presence was obvious, but even where there was a bare suspicion of their existence, so altered and modified the characters of venereal diseases, that at length medical men became completely perplexed to ascertain what symptoms were attributable to the morbid poison, and what to its supposed antidote, mercury. Mr. Mathias's work on the mercurial disease, which had a great run, is a notable instance of this perplexity and embarrassment; for we now recognise many appearances he called mercurial, which appertain to the phagedenic disease, and which were only influenced so far by mercury, that they became more and more inveterate under its use. His doctrine, however mistaken it might be, had a good effect, as it prevented the further exhibition of a medicine which, in such cases, was only productive of mischief.

Hunter's doctrine of the progressive nature of syphilis until it destroyed the patient, if mercury its supposed only antidote was not exhibited, led to the greatest errors in practice. Mr. Pearson escaped, in some degree, from its mischievous tendency by coining a name, which deceived himself as well as others: he called those provokingly obdurate symptoms, which resisted repeated courses of mercury, *syphiloid* or *sequela of syphilis*—ergo, not being syphilitic,



but only syphilitic, he argued there was no necessity for the further use of mercury.

Abernethy made considerable advances towards a just knowledge of venereal diseases. Being a most devoted disciple of John Hunter's doctrines, he firmly believed in the progressive nature of syphilis; but he discovered that there were pseudo-syphilitic complaints, resembling true syphilis, and, so strongly resembling it, that there were no distinctive characters between the one and the other. He only found out that they were pseudo-syphilitic, when either they improved without the aid of mercury, or resisted its influence altogether. This view, however, gave him an opportunity of relinquishing the use of mercury without departing from the axiom of Hunter. Experience now, however, has taught us that any form of venereal disease will yield to the powers of the constitution without this medicine—the knowledge of which *alone* is a great benefit to mankind, and has been elicited by the non-mercurial mode of treatment. A contemporary, who has written on those complaints, still retains his early prepossessions, which he was never yet known to relinquish in favour of the specific powers of mercury for every form of venereal disease; but, of late, he has fortunately discovered that, in certain forms, that medicine, given in *homeopathic* doses, answers better than when exhibited in the usual quantities. Therefore, we find that even those whose faith remains unshaken in the remedial powers of mercury, continue, under one pretence or another, to relinquish their beloved specific, without abandoning their faith in its powers, whenever they perceive that their patients are retrograding under its use. But, surely, in the present advanced state of medical science, it could scarcely be expected that any practitioner would be found to advocate the empirical system of administering, indiscriminately, this powerful medicine for all forms and stages of venereal diseases, and only relinquishing it when it is found to do mischief. Such floundering practice as this cannot now be countenanced by the profession.

You are not to suppose, from these observations, that I am what is termed an absolute anti-mercurialist; on the contrary, I look upon that mineral, when judiciously administered on sound pathological principles, and not blindly given as a specific, as a most useful and powerful auxiliary in the treatment of certain forms and certain stages of venereal diseases, which shall be pointed out to you more particularly when I come to enter upon the treatment of symptoms. At present I would prefer a consideration of the experiments of inoculation of venereal virus, as performed by Hunter, Bell, Evans, and lately by M. Ricord.

These experiments have not been instituted on the plan or system that I should have adopted, viz., the inoculation of virus taken from the different primary ulcers, at their commencement, and while discharging their ichorous matter, of the four genera into which I have divided venereal complaints. It will naturally be demanded of me—why did you not try those experiments yourself, according to your own ideas on the subject? To which question I reply, that my neglect of adopting this the most certain mode of testing the doctrine of a plurality of poisons, arose from a disinclination to inflict a disease by inoculation, which I might afterwards be incapable of curing, particularly by the inoculation of the phagedenic disease; and, I candidly confess, that the plan of inoculating an individual, on one part of his frame, with virus, taken from another, as has been recently practised by M. Ricord, did not occur to me. However, now that this mode of testing the subject of inquiry, is no longer opposed by any compunctuous

moral objection, I shall not fail to seize such opportunities of making experiments of inoculation as this extensive institution affords.

We shall find, however, that those which have been performed by others, though not conducted on the plan that I would have suggested, lend considerable support to the doctrine of a plurality of venereal poisons; and, they have this advantage, that they cannot lie under the suspicion of being conducted or reported in such a manner as to lend their aid to the establishment of any pre-conceived hypothesis.

John Hunter, having seen instances of a gonorrhœa, followed by a "lues venerea," came to the conclusion—that the same virus produced both chancre and gonorrhœa. The first, he affirmed, was produced by the application of the virus to a non-secreting surface, by which he means the skin; and the second is produced by its application to a secreting surface, by which he means the mucous membrane. Now, these views were supported by the following experiment:—

"Two punctures were made on the penis with a lancet dipped in venereal matter from a gonorrhœa; one puncture was on the glans—the other on the prepuce."

The inoculated spots inflamed, and finally ulcerated; but we are not told what description of ulcers they were, and no mention is made of induration, which would most probably have been the case, had it existed, as he particularly, elsewhere, describes induration as the strong characteristic mark of chancre. The natural progress of these ulcers was, however, unfortunately interrupted by the repeated application of lunar caustic, and they healed. Four months afterwards, the chancre on the prepuce broke out again, followed by bubo—the former healed spontaneously; but mercurial frictions were employed, "meant," we are informed, "to do no more than cure the gland locally, without giving enough to prevent the constitution from being contaminated."

After an interval of two months more, an ulcer took place in one of the tonsils, the appearance of which is not described, for which mercury was again employed. As soon as the ulcer was skinned over, the mercury was relinquished, it not being intended to destroy the poison, but to observe what parts it would next affect. About three months afterwards, copper-coloured blotches broke out on the skin, and the former ulcer returned on the tonsil. Mercury was again used, but, notwithstanding, the disease returned to the *same parts* afterwards—a fourth time to the tonsil, and a third time to the skin. The cure was at length completed, "but the time of the experiment occupied three years."

From the imperfect manner in which this experiment was conducted, the natural progress of the disease, being interrupted by caustic, and repeated courses of mercury, it was rendered both lame and inconclusive, except so far, as we learn from it, that the matter of gonorrhœa is capable of producing ulcers, and that these ulcers may be followed by constitutional symptoms; but we are left in ignorance of the precise characters of both the primary and secondary symptoms thus produced.

Hunter certainly cannot, with justice, be blamed for merely calling the eruption "copper-coloured blotches," for, in his day, there was no accurate knowledge of those characteristic distinctions of cutaneous affections, which are now familiar to us; but he knew well the distinctive characters of a primary syphilitic chancre, and of a secondary syphilitic ulcer of the tonsil—the one characterised by "an indurated edge and base"—and the other by a deep ulcer, "dug out as it were" of the substance of that gland: and yet he makes no mention of ulcers of



this description being the result of his experiment. He waited in vain for affections of the periosteum and bones—his third order of parts, *for none occurred*, although the disease lasted three years. Now, from the result of this experiment, there is nothing to contradict, but every thing rather to support the doctrine of the plurality of venereal poisons, and that the disease produced by the inoculation of gonorrhœal virus, corresponded with that which I have described as producing the papular eruption; for, when papulæ decline and desquamate, the appearances they present are copper-coloured blotches. The disease was prolonged by the too early introduction of mercury; for this form of eruption will return again and again if mercury is exhibited before its desquamation; and one of the most striking characters of the papular disease is that, however long procrastinated, *it will not produce nodes*.

This experiment of Hunter's, which, it was vainly imagined, proved the identity of the virus of true syphilis and gonorrhœa was completely contradicted soon afterwards by the well-known experiments described by Mr. Benjamin Bell in his work on the venereal. These experiments, which are too long to detail, are not only to be found in the author's work, but are given at full length in that excellent compilation—Cooper's Surgical Dictionary—which is, or ought to be, in the hands of every practitioner. Two of these experiments prove that the matter of chancre, introduced into the urethra, excites chancre, and two others that the matter of gonorrhœa laid between the prepuce and glans on a dossil of lint will produce what has been termed external or spurious gonorrhœa of these parts. Chance, in one of the latter, rendered the experiment more perfect than was expected; for the matter finding access into the urethra, affected this also with gonorrhœa.

Now, the authenticity of these experiments, witnessed by many of the elite of the profession in Edinburgh, has never been questioned. In a fifth experiment, the matter of a gonorrhœa was inserted by a lancet beneath the skin of the prepuce, but it did not produce any ulceration. This might have been owing to the infection having been taken from a gonorrhœal discharge that had passed from the *thin serous stage to that of thick purulent matter*; for, on reference to M. Ricord's experiments, we find that the inoculation of gonorrhœal matter into the skin only produced ulceration when it was thin and serous.

In illustration of this important fact in the investigation of the laws of venereal diseases, I shall examine some of his experiments, which, in my opinion, afford conclusions directly the reverse of those of the experimenter. This examination may appear somewhat tedious; but experiments on this subject are of great consequence in establishing a just knowledge of venereal complaints, and, therefore, ought to be strictly scrutinized.

The first I shall notice is, that Andre, p. 223, who was admitted into hospital on the 16th July, 1836, with an ulcer on the prepuce, and a gonorrhœal discharge of a *serous character*, (*la blennorrhagie, qui ne fournissait plus qu'un pus sèveux.*)

On the 20th of July, the right thigh was inoculated with this matter.

22d.—The part punctured was reddened.

23d.—Another inoculation of the same discharge was made below the first puncture; and an inoculation of the chancreous matter was made on the left thigh.

25th.—The puncture made on the 20th had formed the characteristic pustule; the infection having taken place, it was cauterised with nitrate of silver.

27th.—The punctures made on the 23d, with the

matter of chancre, as well as that made a second time with the *serous gonorrhœal discharge*, *have both produced the characteristic pustules*, and were cauterised with nitrate of silver as the inoculation had succeeded.

At page 212, is detailed the case of Catherine Haul, admitted on the 8th of April, 1834, a lady who it seems had been a frequent visitor at this hospital. M. Ricord reports that she had contracted chancres and gonorrhœa from a person who *had chancres only*; but that she communicated gonorrhœa, alone, to each of her new lovers, (*à chacun de ses nouveaux amants.*) She had chancres on the labia, vaginal discharge, and ulceration of the neck of the uterus. Matter from the last was inoculated into the right thigh, and muco-purulent discharge collected in the vagina, near the neck, into the left. Both inoculations succeeded and produced the characteristic pustules, which were allowed to proceed to ulceration, and followed by well-marked chancres, with sharp-raised edges and a greyish-coloured surface, (*les bords sont taillés à pic; le fond est grisâtre.*)

It is unnecessary to state more of these cases than what relates immediately to the subject of inoculation.

Again—at page 235, we find another instance of successful inoculation from recent gonorrhœal matter. The patient, B——r, had gonorrhœa and chancre. The former was, in its first or inflammatory stage, attended with phymosis and severe ardor urinæ, (*vives douleurs en urinant.*)

M. Ricord does not state whether the discharge was thin or purulent; but we may infer the former, as it is usually the case during the stage of acute inflammation. The inoculation which was made on the right thigh on the 11th of March, gave the characteristic pustule on the 15th, on which day the left thigh was inoculated with the same matter, and, on the 17th, the usual signs of the inoculation having succeeded, were apparent on both thighs; but that on the right had produced an ulcer which had spread through the entire thickness of the skin, and its edges were sharp and pointed, (*taillés à pic.*)

On the 10th of April, near a month after the first inoculation, another was made with the gonorrhœal discharge on the left thigh, which, however, did not produce any result.

This experiment is of consequence in demonstrating two laws of the virus of gonorrhœa:—

1st. *That it is capable of producing ulceration when introduced under the skin, during the inflammatory stage, while the discharge is thin serous, and in its most infectious or virulent state.*

2dly. *That when the inflammatory stage has passed, and the discharge has become thick and purulent, it loses this infectious property*; for we find that the inoculation made on the 10th of April, near a month after the first, did not produce the characteristic pustule—the sign of success of the inoculation.

At page 225, is the following case:—D—— was admitted on the 11th of November, 1835, complaining of ardor urinæ, and an ulcerated bubo—he was not very certain about the commencement of his complaints—some induration was felt along the urethra, about the navicular fossa: but, on separating the lips of the urethra, *no ulcer was perceptible*, and, on pressure, some matter escaped. The right thigh was inoculated with virus, on the 23d of November, from this source, and on the left, with matter from the bubo; and in five days afterwards, the characteristic pustules were apparent on both, the progress of which was stopped by cauterization on the 1st of December.

At page 227, is another instance of successful inoculation from urethral discharge. The patient had



also a chancre at the root of the glans, and the infection was recent, being caught only eight days previous to the experiment of inoculation, which accounts for its success.

No doubt, M. Ricord observes, that on separating the lips of the urethra, he saw the mucous membrane ulcerated, *la muqueuse ulcerée*, a much more indefinite expression than my translation of it: for it is well-known that the mucous membrane of the urethra, in gonorrhœa, presents an excoriated appearance in *patches*, which is obvious to examination in external gonorrhœa of the glans and prepuce.

Now, M. Ricord's term—*la muqueuse ulcerée*—was probably nothing more than this patchy excoriation; an appearance which was remarked, as well as I recollect, first by the late Dr. Monro in the body of a young man who was submitted to anatomical investigation after execution: also by Mr. Whately in his treatise on gonorrhœa, and by myself in my work on venereal.

I would not, on any account, have it imagined, that by these remarks, I would wish to undervalue M. Ricord's observations and undoubted talents for research. His experiments of inoculation with the matter of gonorrhœa and balanitis, (the latter we generally call spurious or external gonorrhœa,) fifty-five in number, evince his indefatigable industry; but I could have wished that he had confined these experiments to cases only which afforded thin ichorous matter for inoculation. Out of the entire number, there are only six recent cases—that is, cases which came under his observation within a week after the appearance of the discharge; and of these six it is only stated that in one instance was the discharge of a thin (*sanieux*) nature.

We might imagine that this appearance of discharge occurred in all the other recent cases, was it not that in one, of only four days duration, we are informed that it was "*tres purulente*;" a proof how very soon an inflamed mucous membrane begins to secrete pus. The result of the experiments, with gonorrhœal matter *in all*, we are informed by M. Ricord was negative, that is, it did not produce ulceration; but I have already selected a few instances, even from his own experiments, which evince that he was in error when he thus decidedly concluded that gonorrhœal matter, inserted into the skin, is incapable of producing ulceration.

I give, however, M. Ricord full credit for the honesty of his statements; and, in his avowal that in making his experiments, he had no pre-conceived notions to support. Finding that in the great majority of cases, the inoculation of gonorrhœal matter was not attended with any result, because it had, according to my opinion, become thick and purulent, I am not surprised that he should at length come to the conclusion, that it did not possess the power, under any circumstance, of infecting the skin, and of thus producing venereal ulceration. But from the honesty displayed in the statement of his own experiments, thus militating against his opinions in the instances adduced, where the virus was taken from recent gonorrhœa, I make no doubt but that he will reconsider the subject, and make use of the ample opportunities he possesses of repeating these experiments with gonorrhœal matter, only during the first or inflammatory stage while it is yet *thin, ichorous, and most infectious*.

If the same virus was not capable of producing both gonorrhœa and ulcers, how can we explain the every day occurrence of men acquiring both affections from the one impure connexion, of which he himself has given numerous instances? It would be travelling a little too far out of the road of common sense to suppose that in every such instance the in-

fecting person communicated two poisons, the one producing ulcers, and the other gonorrhœa. How will he himself account for the fungous ulcers he finds on the cervix uteri, so frequently arising from gonorrhœa, that he makes it a rule never to discharge a woman from hospital until he has examined this part of her frame? And yet this fungous ulcer exactly corresponds with the second stage of the ulcer called by me the simple primary ulcer which occasions a papular eruption; indeed, he inadvertently acknowledges this power in gonorrhœal matter to produce ulceration by the advice he gives at page 678, not to apply leeches to the neck of the uterus of a woman affected with gonorrhœa, for fear every leech bite should turn into a chancre. "*Jamais aussi je ne donnerai le conseil d'appliquer des sangsues sur le col même de l'utérus, a moins de vouloir s'exposer a voir chaque piqure se transformer en chancre.*" He certainly adds that this advice is given because there is a chance of virulent ulcers existing in the womb, but this is a very unlikely contingency.

Surgeons in the army have opportunities of investigating the laws of venereal diseases, which those in civil life do not possess, as their patients, when apparently recovered, still remain under surveillance—besides, in many stations, the females who infect a regiment are in general known to them, and thus much information into the laws of venereal poisons can be obtained by comparing the disease in the female with that of the male whom she has infected. I, therefore, availed myself, in my work on the venereal, with much valuable information contained in Mr. Evans's essay on the subject, a publication which has since attracted considerable attention. Possessing the advantages I have alluded to, he made good use of them by examining, when opportunities occurred, the females who had disordered the soldiers under his care, and he found in numerous instances, that a mild form of primary ulcer, which I have so often alluded to as producing the papular eruption, *was occasioned by connexion with women who had no other disease than gonorrhœa*. Those who can not obtain Mr. Evans's essay, may find three of his cases, exemplifying this circumstance at page 81 of my work, as well as the following remarks on his experiments of inoculation, which, as they are brief, and bear strongly on our present subject, I shall now read to you:—

"Mr. Evans details three interesting experiments of inoculation of matter, taken at different periods from the simple primary ulcer under consideration; which prove that the earlier the infection is taken, and while the sore is in its excavated or ulcerating state, and, as we may infer, before the matter is purulent, the more severe and obstinate is the ulcer which it produces. I shall refer to the work itself for the detail of the experiments, but the following passage contains the result:—

"From these and other experiments, I am inclined to the opinion, that in this, as well as in the vaccine disease, the secreted fluid varies, or is less certain in its effects in proportion to the duration of the disease; for in the first of these cases, where the ulcer from which the matter was taken was of *ten days' standing*, the disease terminated in fourteen days; in the second, where the sore was only *eight days old*, the inoculated disease continued eighteen days; and in the third case, where the matter was taken *before the cessation of the ulcerative stage*, it continued twenty-eight days."

In these circumstances relating to venereal ulcers so well proved by Mr. Evans, we only recognise a law common to all morbid poisons. Thus Dr. J. Mason Good remarks, on the subject of small-pock, that when we wish to inoculate, "*it is preferable to take the fluid before the pustule suppurates*, as afterwards it seems to partake of the nature of *common pus*." And every one knows that the same uncertainty prevails with respect to the inoculation of the



vaccine virus, which, if not taken before the twelfth day, when it passes from the state of lymph to that of pus, either fails in communicating the disease, or gives one of a spurious nature, incapable of protecting the constitution against the reception of small-pock.

The consideration respecting the diminished power of the matter of the eruption and ulcers of contagious diseases when it becomes thick and purulent to convey infection, may afford some explanation why the system is so seldom contaminated in those who are affected *only* with gonorrhœa, for the mucous membrane of the urethra, as well as elsewhere, when inflamed, rapidly and without breach of surface passes into the suppurative stage, and thus much sooner than the skin ceases to secrete a virus capable of either infecting another or the constitution of the individual affected.

M. Ricord admits this change in the powers of venereal chancres to produce infectious matter, observing that they have two distinct "phases," the first is that of an increasing or stationary ulceration, during which they alone furnish a specific virus. The second is that of reparation when it becomes a simple ulcer, no longer capable of secreting a specific poison; of which his experiments of inoculation afford numerous illustrations.

I perfectly agree with M. Ricord, that the matter of gonorrhœa will not produce chancre, by which I mean the chancre with an indurated base, so well described by Hunter, and which produces a scaly eruption; but if he means by the term chancre, any venereal primary sore I totally disagree with him; as I have afforded sufficient proof, even from his own experiments, that it is capable of producing mild primary ulcers without induration or phagedena, and to this I may add, that when constitutional symptoms arise, they appear in the form of the papular eruption. But I am supported still further in these views, by other experiments he details at p. 109, &c., which he was induced to perform on some gally slaves under his charge in 1794, in consequence of Benjamin Bell's work on the venereal happening to fall into his hands. Three sound young men, he informs us, were selected for the experiment, and inoculated by placing threads soaked in gonorrhœal matter between the glans and prepuce; one of those men had trifling ulcers, (*ulcères légers*.) which healed under the most simple dressings. But the two others did not escape so easily, for the ulcers caused by the inoculation were slow in healing, for it seems these individuals had a *scorbutic tendency*, although, in the preceding paragraph we are told that the three men selected were "*bien sains*." In consequence of this tendency to scurvy, although there were no symptoms of that disease present, "*sans l'avoir cependant bien développé*," it is inferred, that the ulcers of inoculation were obstinate in healing, and resisted all local measures, until acids, combined with stimulants were exhibited, and one of them who had a sanious fungous ulcer was affected with pains, which ran through his entire frame. "*L'un d'eux avait des douleurs qui parcourent le corps; le pus de son ulcère était suiveux et les chairs fungueuses*."

Several other experiments of the same description are detailed in p. 111, &c. In every instance ulcers followed the inoculation of the gonorrhœal virus, but when obstinate (*des ulcères rebelles*.) and followed or accompanied by eruption and pains, (*accompagnés même de dartres et de douleurs*) were attributed, not to the venereal poison, but either to "*scrofules bien prononcées*," or to obstructions "*dans le bas-ventre*." Six individuals had "*une constitution faible, irritable cochochyme*," one was "*né de parents affligés de la goutte*," while another was subject to hæmorrhoids, and the "*rebellious ulcer*" caused by inoculation would

not heal until there was a return of the hæmorrhoidal discharge, "*le retour du flux hæmorrhoidal*." But I need not multiply farther proofs of the facility with which even men of experience will not see the most obvious facts, when their vision is obscured or obstructed by a veil of preconceived notions or prejudices.

M. Ricord's third section consists of experiments of inoculation made with the matter of bubo.—sixty-nine experiments were performed, in twenty-six of which it was successful, and in the remaining forty-three was not attended by any result. Some curious and interesting facts were developed by these experiments. It was ascertained that the nearer the matter was taken from the surface of the affected gland, the more likely was the infection to succeed, and on the contrary, the matter furnished by the parts exterior to the gland was not infectious.

A case of inoculation in this section, detailed at page 451, requires some explanation from the author. The matter was taken from a bubo, which succeeded a gonorrhœa, and inserted into the left thigh, on the 7th of October; on the 14th the inoculated spot is reported to have been red, indurated, and had begun to suppurate, "*qui jusqu'à ce jour, était seulement rouge et dure, commence à suppuer, elle reste pointue*." This pustule afterwards healed without any treatment, which seems to be the only reason that M. Ricord designates the pustule caused by this inoculation "*une fausse pustule*," but ulcers which arise from the same poison that occasion gonorrhœa we know may also heal spontaneously, and therefore this experiment affords another support to my opinions.

The fourth section of M. Ricord's work consists of experiments of inoculation with the matter of constitutional ulcers, in all of which (twenty-three,) the results were negative, that is, the matter did not produce any effect. Several of the persons from whom the matter was taken, were, however, altogether unfit subjects for this purpose, for instance, the matter in one patient was taken from an abscess near the root of the penis, most probably not venereal, in another from a doubtful pustule of the umbilicus, in a third, from a cancerous ulcer of the cervix uteri, and in a fourth, from gonorrhœal ophthalmia—a primary and not a secondary affection. In seven instances the matter was taken from condylomata or "*tubercules muqueux*," in the fossa of the nates or on the inside of the upper part of the thighs.

The negative result of the remainder of these experiments with the matter of constitutional ulcers, tends strongly to support Hunter's doctrine, that the matter they produce is not infectious, and it agrees with my own opinion, that venereal diseases every day become milder, until they at length yield to the powers of the constitution. But notwithstanding these views, backed by M. Ricord's experiments, and those tried by Hunter, which prove that the inoculation of the blood of an infected person will not communicate the disease, how does it happen, as even in one of the instances detailed by M. Ricord, that a diseased infant will infect the breast of a sound woman. The ulcers in the mouth of the infant are not primary but secondary, as they are derived from the constitutional disease of infected parents; and a diseased nurse, vice versa, with ulcerated nipples, will communicate the disease to a sound infant. I have met with instances of young married women above suspicion, who were affected with constitutional symptoms, and who, on the minutest enquiry, I could not learn, ever had any primary venereal affection. At the same time their husbands, though equally free from primary, at the time of their marriage had on them secondary symptoms in the form of eruptions or ulceration of the throat. From these circum-



stances I can not but conclude, that the matter of constitutional eruptions *may be* contagious, and this opinion has not been removed by M. Ricord's experiments; for as the virus of small-pock and cow-pock loses its infectious properties as it becomes purulent, so in the same manner, we may, from analogy, conclude that venereal eruptions are infectious while their contents are thin and serous, but that they lose this property as soon as they become purulent, and there is still far less chance of their retaining any portion of their specific poison when they spread into ulcers: therefore, I should hesitate to conclude, that secondary symptoms are altogether non-contagious, until experiments of inoculation are made with the serous fluid of venereal eruptions, or whatever their contents may be at their first appearance.

No experiments have yet been instituted for the purpose of ascertaining, in an accurate manner, whether there is only one or a plurality of poisons. Had I made experiments with this view, they would have been looked on with a very suspicious eye, knowing my prepossessions in favour of the latter doctrine. But when I am enabled to support my opinions by the experiments of those who have neither these prepossessions, or are actually opposed to them, the evidence thus elicited may be considered most satisfactory. Now, from the experiments of Bell and Ricord, I consider that Hunter's doctrine of the same poison, producing both chancre and gonorrhœa to be completely negatived. I also consider from the experiments of Ricord himself, (though he does not come to the conclusion,) that it has been proved, the matter which produces gonorrhœa may also occasion ulcers, a position which is supported by the accurate observations of Evans, who traced in a most satisfactory manner, in numerous instances, the *mild species of primary ulcer, which he calls venerola vulgaris, to gonorrhœal infection*. These observations of Evans, most unequivocally support my doctrine, that the same virus produces gonorrhœa (both urethral and external,) and a mild form of primary ulcer, without induration or phagedæna. Now this position being admitted, and from the evidence adduced, I do not see how it can be denied, it is equally demonstrative, that these primary forms produce the papular eruption with the group of constitutional symptoms, which I have described as its concomitants—the treatment of which shall be considered in my next lecture.

## MEETINGS OF SOCIETIES.

### ANATOMICAL SOCIETY OF PARIS.

#### SPONTANEOUS PERFORATION OF THE DIGESTIVE TUBE.

1. A man, aged 36, addicted to spirituous liquors, but enjoying excellent health, drank one morning six glasses of brandy; he then breakfasted as usual, and immediately after the meal was seized with severe colic. He was conveyed to La Charité, complaining of extreme pain over the entire abdomen, and making frequent but ineffectual efforts to vomit. He died in 24 hours from the first invasion of the symptoms. On examination, a perforation was found on the anterior wall of the duodenum. This perforation had been preceded by an ulcer, which had become cicatrised, without, however, any approximation of its edges, which remained thick, rounded, perfectly smooth, and almost natural in colour; the bottom of the ulcer consisted of the peritoneum alone, which membrane had been ruptured, effusion took place, and peritonitis resulted. Soft false membranes were observed round the peritoneal aspect of the orifice.—*Lenepveu*.

2. A distiller, of vigorous constitution, and addicted to the use of brandy, was suddenly attacked with very

acute peritonitis, and died in 24 hours. On examination, a perforation was discovered, analogous to the preceding one, but situated in the ileum.—*Hardy*.

3. A medical student consulted M. Cruveilhier, for slight anorexia and constipation. M. Cruveilhier prescribed solution of magnesia. The first dose was scarcely swallowed, when the patient was seized with rigors, cold perspiration, complete absence of pulse and death. It was supposed that the young man was poisoned, and the apothecary who had supplied the medicine was on the instant applied to, when it appeared that he had dispensed pure water, not having a solution of magnesia at hand. On examination, a perforation was found in the centre of a solitary ulcer, situated in the small intestine.—*Cruveilhier*.

4. A patient walked to hospital, presenting no other symptom than general heaviness and dullness; he died the same evening. A perforation of the œsophagus, with effusion into the left pleura was discovered.—*Helie*.

5. A woman affected with dyspnœa, nausea, colics, &c., when stooping, suddenly experienced a sense of great warmth in the abdomen, which was rapidly followed by death. The cavity of the peritoneum was found filled with gas, and liquids mixed with the remains of food, and there were traces of both chronic, and recent peritonitis; near the pylorus, which was diminished in calibre, there was a perforation, situated on a large depressed cicatrix, which extended into the stomach.—*Sestie*.

6. A female, aged 35, on the 25th day of typhus fever, was seized with peritonitis, and died. Near the extremity of the ileum there was a circular perforation, three lines in circumference, with red and slightly tumefied edges.—*Regnier*.

7. A healthy man, aged 20, was suddenly attacked with vomiting, and epigastric pain; he was admitted to hospital, and an effusion into the abdomen was discovered, and considered to be serous; he became threatened with suffocation, and was tapped, giving issue to matter of a green, yellow colour, and sterco-raceous odour: he died. A little above the ileo-cæcal valve there was a perforation two lines in diameter, with tumefied, rounded, bevelled edges. A little below the cæcum there was a second perforation, large enough to admit the little finger, and presenting the same characters as the first.—*Dariste*.

Death does not occur so rapidly in all cases of intestinal perforation, as in the preceding examples. It has been long known that breaches in the intestine may be supplied by the adjacent organs contracting adhesions with the intestine, and thus preventing effusion. Numerous and curious examples of this occurrence are contained in the Bulletin of the Anatomical Society, from which we select the following:—

8. A female hawker, aged 57, became affected with loss of appetite, suffered, after meals, from acidity, nausea, and attempts to vomit. After about two months, she rejected almost all her food by vomiting. She was admitted to hospital, and soon died. In the stomach, near the pylorus, was found a perforation three inches in diameter, adhering throughout its entire extent to the liver, which was attached to the stomach by dense false membranes.—*Denonvilliers*.

9. A chare woman, aged 64, after suffering from various symptoms, the most prominent of which were severe pains in the epigastrium, ineffectual efforts to vomit, and constipation—died after vomiting some blood. At the centre of the posterior surface of the stomach was found a perforation half an inch in diameter, with soft rounded bevelled borders. The perforation, throughout its entire circumference, lay in contact with, and adhered to the pancreas, which thus completely prevented effusion.—*Cazeaux*.

10. A man became affected with nephritis and al-



buminuria, and shortly died. On examination after death, were found the following alterations of structure, which had not, however, produced any symptoms during life. The stomach adhered by its greater extremity to the spleen. In the centre of this adhesion was a perforation as large as a five franc piece. Its edges were thick, rounded, and of a cartilaginous hardness. The spleen was quadrupled in volume, and was hollowed out into a large cavity which communicated with the interior of the stomach through the above perforation.—*Vigla*.

11. A man was seized with hæmatemesis, and died four days after the first vomiting. An old perforation occupied the posterior surface of the stomach; the bottom of the perforation consisted of the pancreas, which adhered to its entire circumference. The hæmatemesis arose from the splenic artery, which presented two divided and gaping extremities at the site of the perforation.—*Cazeaux*.

12. A preparation was shewn where all the coats of the small intestine were destroyed by ulceration. The epiploon adhered strongly to the circumference of the ulceration, supplying the deficiency in the parietes of the intestine.—*Cruveilhier*.

13. A female, aged 45, had stricture at the upper part of the rectum. After some error of regimen, she was affected with uneasiness and colic. The abdomen became tense, distended, sonorous on percussion, and extremely painful when touched. On examination, there were traces of peritonitis. The intestines were inflated, and very voluminous. In the left iliac fossa, the great intestines had contracted adhesions, and here also was a large perforation; cushions of fat, however, surrounded the perforation, and one even penetrated the cavity of the intestine acting as an obturator.—*Marchesseaux*.

14. A day labourer, aged 42, was admitted to hospital for a painful tumor, occupying the left groin, and also affected with obstinate purging. Leeches, opiates, &c. produced some amendment, and he left the hospital. After some excesses, the original symptoms returning, he was admitted to hospital, and died in about a month. On post-mortem examination, the commencement of the sigmoid flexure of the colon was found to communicate with its inferior extremity, so that the feces passed directly from the descending colon into the rectum, without passing through the sigmoid flexure of the colon.—*Legendre*.

#### CASES OF PERFORATION OF THE INTESTINES BY WORMS.—BY J. B. DAVID, M.D.

*Lumbricus extracted from an Abscess of the Abdomen.*—In 1801, my regiment being in garrison at Calais, I saw M. Bastide, then surgeon-major of the military hospital, open a phlegmonous abscess situated near to and below the umbilicus. About two ounces of fetid pus found exit along with a lumbricus, six inches long, and alive. Dr. Lallemand, then dean of the army medical officers, also saw the case. The patient quickly recovered, and rejoined his regiment. By an extraordinary coincidence, a few weeks after, I and the above gentlemen saw a similar case in the person of a sailor.

I shall terminate this notice by the following case, recorded by Pierre Barrere, an eminent physician at Perpignan: though not, perhaps, absolutely conclusive as regards the disputed question of the possibility of the intestines being perforated by intestinal worms, it at least answers those who maintain that lumbrici are always found free and detached in the intestine.

A negro, aged 18, after enduring fatigue, became affected with convulsions, colics, and finally with true tetanus. He died, and after death, I found in the intestines bundles of worms, and observed the intestines

perforated at several points by those worms, which served as plugs to the perforations in which they were engaged.

M. David states that he has several times at Cayenne, seen cases similar to the foregoing, and that at Roussillon, he has often seen the intestines of swine perforated by worms.

M. David considers the two first of the cases above mentioned, as establishing the reality of perforation of the intestines by these entozoa. The worms could not, he maintains, have been generated in the abscesses—nor could the patients, he insists, have been so soon restored to health, and become capable of resuming their occupations, had there been ulceration or ramollissement of the coats of the intestine antecedent to the escape of the worms.—*Gazette Medicale de Paris*, 21st March, 1840.

#### CASE OF MEDULLARY FUNGUS.

TO THE EDITORS OF THE MEDICAL PRESS.

Limerick, March 7, 1840.

GENTLEMEN,—Having seen a letter from Dr. Power, at the close of Mr. Carmichael's lectures on malignant disease, in confirmation of the latter gentleman's views, as to its hydatid origin, I send you the particulars of a curious case which came under my observation, and which I think holds some relationship with these opinions.

I remain, gentlemen, your obedient servant,

W. R. GORE.

A man of the name of Power, from near Tipperary, about 43 years of age, applied to me to remove a tumor from his left temple, as it was much in the way of his hat, being in no other respect troublesome to him. It was encysted and as large as a small plumb. I considered it melicerous, and accordingly proceeded to its removal in the ordinary way. Intended not to injure the sac, but as I was about to separate it from the fascia covering the temporal muscle, the scalpel ran into it, leaving a piece of the cyst, as large as a shilling, adherent to the subjacent parts, being of a firm, fibrous, shining texture. A small quantity of a fluid resembling linseed oil in colour and consistence escaped, having a foetid heavy smell. The tumour was traversed internally by several uneven bands, and had a vesicular appearance. Upon squeezing it, a number of small globules, whitish in appearance, and nearly as large as small currants were forced out, which, on being opened, were found to contain a much more dense and dark fluid: their walls, however, were much thinner.

Having removed the adherent piece of the cyst, I dressed the parts with adhesive straps and in a week he went home. I heard nothing of him for a long time, but he called upon me after a lapse of seven months very much altered, his appetite gone, his sleep disturbed, and his general appearance anxiously irritable. The place of the tumour was now occupied by a fungoid substance, as large as a bantam's egg, constricted at its base by the integuments which were of a dirty brown colour, and several engorged veins were visible about it. The surface was uneven, encephaloid-like, and covered with a dirty, dark brown, thickish fluid. From the whole there was a very bad smell. The tumor was elastic, nor did pressure produce any soreness or pain. I considered it a specimen of medullary sarcoma, and determined upon its removal, which I accomplished by nitric acid—sloughing to a considerable extent occurred, leaving an ugly irritable excavation to be filled up, and producing much constitutional disturbance. The constant application of bread and water poultices, on the



surfaces of which extract of hyoscyamus and conium with morphine were spread, induced the parts to heal; leaving an unhealthy looking cicatrix with loss of substance. He left here, after about nine weeks, for home, being much improved in his general health from the use of the pale carbonate of iron, with calomba and quinine. I have heard nothing of him since, now nearly a year. His own history was as follows:—In about two months after the first tumor was removed, he got a violent lancinating pain in the wound. It sometimes affected the side of his head, sometimes his ear, and frequently his left eyeball. It would often subside for a week, and recur with equal violence, until the parts began to swell, from which time no pain occurred. The surface of the tumor was angry looking, glossy, red, and covered with veins. It ultimately burst, discharging as he said "rotten blood," and the "rotten flesh it contained, instead of falling out, grew out," a history descriptive enough. He suffered so much from the appearance and nature of the tumor, that he presented himself as before described. There were no glands of any kind affected, either in the neck or on the side of the face.

From having read the lecture of that most excellent surgeon, Mr. Carmichael, it placed this case in a much more important point of view before my mind than formerly.

#### TO THE EDITORS OF THE MEDICAL PRESS.

North Cumberland-street, March 22d, 1840.

GENTLEMEN,—In your number for the 11th inst., you have given a very correct report of a debate which took place at the Surgical Society of Ireland, on my plan of treating morbus coxæ by rapid mercurialization, and it will be seen that, on that occasion, certain members of the society made assertions and observations which were, at least, calculated, if not intended, to deprive me of the exclusive merit of the plan, and assign the first employment of mercury, in such cases, to no less than three other practitioners. But it will also be observed, I think, that I have met these gentlemen's bare assertions by solid facts, and as satisfactorily as could well be expected from a person taken, as I confess myself to have been, completely by surprise. I perceive, however, that your note-taker has omitted to report one circumstance which I mentioned during the debate, and which it is necessary to state, in order to enable me to prove, still more clearly, the unfounded nature of the claims in question. The circumstance to which I allude is this:—Sir Philip Crampton told me, on three occasions, that Baron Larrey mentioned, in his works, the use of mercury in this disease. I, as often, assured the learned Baronet, that such was not the fact, and that, if it were, Lisfranc would not have conceded the merit of the plan to me. But, on the third of these occasions, which occurred in his study, I requested him to search the Baron's works, which he politely did, and soon found that they did not contain any notice or hint whatever on the subject. With the aid of this fact, and of other evidence which I omitted to advance during the debate, I shall now enter on a task which I would willingly avoid, but which I must either perform, or for ever submit to the charge of having dishonestly and meanly appropriated to myself the exclusive merit of that which partly belonged to others. Such a charge, it is true, has not been broadly made, but it has been implied, and "paint an inch thick, to his favour it must come." As such, I calmly but firmly repel and repudiate it, for I have ever held all literary privateers in the utmost possible contempt.

Taking, then, this part of the debate in the order that you, Gentlemen, have reported it, I come, first,

to the claims urged in behalf of two of the former surgeons of the Meath Hospital, the late Mr. Macnamara, and the late Mr. Richards. The chairman of the meeting, Mr. Adams, stated, first, that Mr. Macnamara had employed calomel and opium in the treatment of morbus coxæ—then admitted that Mr. M. had not employed them so as to produce salivation—and ended by declaring that there was no doubt that the merit of the treatment belonged to me. I have only, therefore, to deal with that observation, in which my esteemed friend and very able colleague, Mr. Adams, has stated that Mr. M. had used calomel and opium in the treatment of the disease. I do not doubt that Mr. M. and many others may have employed a few mild doses of mercury to correct the alvine secretions and discharges, in this affection. But I deny that he ever used mercury in such an active form as that of calomel and opium; and my reasons for this denial are as follow:—

In the first place, we have just seen that Sir Philip Crampton, who has been, in succession, the master, colleague, and patron of the late Mr. M., and, of course, must have known the practice of the latter, never once thought of giving him the merit of the practice, but gave it to a foreigner.

Secondly, in reply to a letter, which I found it necessary to write, a few days ago, to my friend, Mr. Roney, for many years one of the Senior Surgeons to the Meath Hospital, and the colleague of the late Mr. M., I have just received a note from Mr. R., in which, after reminding me of a case successfully treated by him, on this plan, in November, 1833, and which is published in my original paper on the subject, he says, "Being intern surgeon for that month, I lectured on the case and the disease, and mentioned to the class that I was indebted to you for the plan of treatment adopted so successfully; as, until your recommendation, I was not aware that such a plan of treatment, in such a disease, had been used or even recommended."

Thirdly, my distinguished colleague, and kind friend, Mr. Carmichael, who knew Mr. M., and the state of medical practice, in this city, for many years, attended with me the first case of morbus coxæ in which I employed mercury, and, on that occasion, he declared that the plan was perfectly new to him; and he now authorises me to repeat that declaration.

Fourthly, even when calomel and opium are used in this disease, for a few days, and so as not to produce salivation, the patient ceases to pass such sleepless and painful nights, and striking the heel, or pressing on the trochanter, no longer produces the same degree of pain. It is to be presumed, therefore, that if Mr. M. had ever employed this combination, he would have observed these beneficial effects—have persevered in the uses of the remedy, and eventually become remarkable for his success in treating the disease—which he unquestionably was not. Submitting, in the most friendly spirit, all these facts and arguments to the consideration and sound sense of Mr. Adams, I shall next address myself to the following passage in the report of the debate:—

"Professor Porter said the credit of an improvement in practice was due, not to the person who first introduced it, but to him who brought it to a state of perfection. He was quite sure that Mr. Richards had employed mercury."

Here, the exordium is very neat, and in the learned Professor's best style, yet "it likes me not," for it will turn out that I am both the introducer and the perfecter of the plan in question. But is it true that Mr. Richards, who is now twenty years dead, ever used mercury in the disease? Sir Philip Crampton was the pupil, colleague, and intimate friend of Mr.



Richards, yet he does not appear to recollect the fact. Mr. Roney was, for years, the colleague of the deceased gentleman, and he also cannot recollect the fact. But my friend, Mr. Porter, who is merely the successor of Mr. Richards, is quite sure of the fact, and sure of it suddenly in the heat of debate, and for the first time, after a lapse of six long years. How deceitful are those sudden flashes of an oblivious memory! I am afraid that the Professor's assertion cannot find a leg to stand upon. I leave him and it, therefore, to turn and face my former opponent, Dr. Houston.

This gentleman, it will be seen, claimed the first introduction of the practice for Dr. Colles, and supported that claim by referring to notes, which he said he had, of a *clinical* lecture delivered, several years back, by Dr. C., in Steeven's Hospital. I now call upon him either to produce those notes at the next meeting of the Surgical Society, or to at once admit that his reminiscences have played him a jade's trick. But why did he not refer to the *public* lectures given by Dr. Colles for more than 30 years, at the College of Surgeons, of which many possess accurate notes? Is it because the latter do not contain an iota of such evidence as he required? If so, does he not directly accuse Dr. C. of having withheld from his hearers at the College that information which he communicated to the pupils of his hospital? But Dr. Colles never made any claim of the kind, and if he had any, would have made it on an occasion to which I shall now advert. In 1837, he published a work on the use of mercury in the venereal disease and other affections. In that work he advocates rapid salivation in scrophulous subjects affected with the venereal disease; but says nothing on the subject of rapid salivation in scrophulous subjects affected with morbus coxæ, or a similar disease of other joints, as advocated by me, in 1834, and on almost the same principles. If he had any claim to the practice, or any faith in it, would he neglect such an opportunity of making the one, or expressing the other? Certainly not; and all my inquiries lead me to believe that he has not, *even now*, any confidence in the said plan. Dr. Houston has expressed his *belief* that Dr. C. had employed the practice before me, but why did he not say that he had seen him employ it, or that he could point out a case in which he had employed it? One would expect some such evidence of the fact as this; but he could not give it. It so happens, however, that I can point out to him and Dr. C., several instances in which the latter was consulted before I published on the subject, and in which he did not advise or use mercury in any form. Yet, it is under such circumstances, and in the teeth of such facts, that Dr. Houston has had the courage, I shall not say the hardihood, to make an assertion depriving me of the fruits of my humble labours, and impeaching the credit of my statements, not one of which, though now numerous and on various subjects, has ever been found untrue. But Dr. Colles is in Dublin, and although he eschews the MEDICAL PRESS, has, no doubt heard of this matter. Will he come forward either to prop his admiring friend, or do me that justice, which I would have long since done him, if he were placed in my position? He cannot now avoid doing the one or the other, without manifest injustice to either party. Besides, I fear that some may be unjust enough to interpret his silence into an affection for all "the goods the gods provide him," or even fancy that there are reasons why he should act upon the cautious Fabian maxim—

"Melius fuerat non scribere, namque tacere,  
Tutum semper erit."

In conclusion, you, Gentlemen, may consider, as I know that many others do, that I have treated such

idle and ricketty claims — these with too much seriousness. But, really, I have been so long permitted to father and rear this bantling, and it has grown up so promisingly, that I have taken quite a fancy to it, and am not altogether so willing even to *share* its paternity, as my good friends, Professor Porter, Dr. Houston, and perhaps others, may be disposed to think.

I have the honour to be, Gentlemen,

Your obedient humble servant,

JAMES O'BEIRNE, M.D.

## REVIEWS AND NOTICES OF BOOKS.

EXPERIMENTS AND OBSERVATIONS ON THE GASTRIC JUICE, AND THE PHYSIOLOGY OF DIGESTION. By W. BEAUMONT, M.D., Surgeon to the United States Army. Reprinted from the Plattsburg Edition—with Notes by ANDREW COMBE, M.D. 8vo. Pp. 319. Edinburgh. 1838.

Although some time has elapsed since the publication of this book in Europe, we think it not amiss to call the attention of our readers to it, because we consider it by far the most valuable addition made to physiology in latter years. If for no other reason we are glad to have fallen upon it, as it affords us an opportunity of reminding our readers that man has a stomach, and alimentary canal; students and junior practitioners, both in Dublin and many other parts of Ireland, having for several years laboured under some strange hallucination respecting the animal economy; apparently supposing that all the functions of the body were centered in the heart and lungs. As in all such cases a period of repose follows one of over exertion, or as the adage has it, 'after a storm comes a calm,' so have we now a little rest from the din of the wooden trumpet of the mere lung doctors, and a moment's relief from the drum of the performers of heart music. We are, in fact, really anxious to remind our readers of the necessity of paying more attention to the subjects of food, digestion, and their consequence, nutrition, than they at present bestow, and to point out to them the resources which this department of physiology affords to enable them to deal with disease. We do not mean to undervalue the importance of the study of pulmonary and cardiac diseases, but we deprecate the practice pursued for some years by certain self-applauding, rival-deprecating gentry, of leading students to believe that all knowledge is to be conveyed through a stethoscope, and therefore that those who best perform on that instrument, are best qualified to deal with disease in general.

The accident and its consequences which led to the experiments detailed in this volume, are thus described by Dr. Beaumont:—

"Whilst stationed at Michillimackinac, Michigan Territory, in 1822, in the military service of the United States, the following case of surgery came under my care and treatment.

"Alexis St. Martin, who is the subject of these experiments, was a Canadian, of French descent, at the above mentioned time about 18 years of age, of good constitution, robust and healthy. He had been engaged in the service of the American Fur Company, and was accidentally wounded by the discharge of a musket, on the 6th of June 1822.

"The charge, consisting of powder and duck-shot, was received in the left side of the youth, he being at a distance of not more than one yard from the muzzle of the gun. The contents entered posteriorly, and in an oblique direction, forward and inward, literally blowing off integuments and muscles the size of a man's hand—fracturing and carrying away the anterior half of the sixth rib—fracturing the fifth—lacerating the lower portion of the left lobe of the lungs—the diaphragm—and perforating the stomach.

"The whole mass of materials forced from the mus-



ket, together with fragments of clothing and pieces of fractured ribs, were driven into the muscles and cavity of the chest.

"I saw him in twenty-five or thirty minutes after the accident occurred, and, on examination, found a portion of the lung, as large as a turkey's egg, protruding through the external wound, lacerated and burnt; and immediately below this, another protrusion, which, on further examination, proved to be a portion of the stomach, lacerated through all its coats, and pouring out the food he had taken for his breakfast, through an orifice large enough to admit the forefinger.

"After cleansing the wound from the charge and other extraneous matter, and replacing the stomach and lungs as far as practicable, I applied the carbonated fermenting poultice, and kept the surrounding parts perfectly wet with a lotion of muriate of ammonia and vinegar: and gave internally the aq. acet. am. with camphor, in liberal quantities.

"For seventeen days, all that entered his stomach by the oesophagus, soon passed out through the wound; and the only way of sustaining him was by means of nutritious injections per anum, until compresses and adhesive straps could be applied so as to retain his food. During this period no alvine evacuations could be obtained, although cathartic injections were given, and various other means were adopted to promote them.

"Cicatriztion and contraction of the external wound commenced on the fifth week; the stomach became more firmly attached to the pleura and intercostals, by its external coats; but shewed not the least disposition to close its orifice: this (the orifice) terminated as if by a natural boundary, and left the perforation, resembling, in all but a sphincter, the natural anus, with a slight prolapsus.

"In the month of May, 1825, I commenced my first series of gastric experiments with him, at Fort Mackinac, Michigan Territory. In the month of June following, I was ordered to Fort Niagara, N. Y. where, taking the man with me, I continued my experiments until August. Part of these experiments were published in 1826, in the 29th number of the Philadelphia "Medical Recorder," conducted by Dr. Samuel Calhoun. About this time, (August 1825,) I took St. Martin with me to Burlington, Vermont, and from thence to Plattsburg, New York. From the latter place he returned to Canada, his native place, without obtaining my consent.

"Being unable to ascertain the place of his resort, I gave him up as a lost subject for physiological experiments, and returned to my post at the west again. I did not, however, remit my efforts to obtain information of his place of residence and condition.

"He remained in Canada four years, during which period he married, and became the father of two children; worked hard to support his family; and enjoyed robust health and strength. In 1825, as he has informed me, he engaged with the Hudson Bay Fur Company, as a voyageur to the Indian country. He went out in 1827, and returned in 1828; and subsequently laboured hard to support his family until 1829.

"Accidentally learning about this time where he was, and that he enjoyed perfect health, I made arrangements with the agents of the American Fur Company, who annually visit Canada for the purpose of procuring voyageurs, to find and engage him for my service, if practicable. After considerable difficulty, and at great expense to me, they succeeded in engaging him, and transported him from Lower Canada, with his wife and two children, to me, at Fort Crawford, Prairie du Chien, Upper Mississippi, a distance of nearly two thousand miles, in August, 1829. His stomach and side were in a similar condition as when he left me in 1825. The aperture was open, and his health good.

"He now entered my service, and I commenced another series of experiments on the stomach and gastric fluids, and continued them, uninterruptedly, until March, 1831. During this time, in the intervals of experimenting, he performed all the duties of a common servant, chopping wood, carrying burthens, &c., with little or no suffering or inconvenience from his wound. He laboured constantly; became the father of more children; and enjoyed as good health and as much vigour as men in general. He subsisted on crude food, in abundant quantities,

except when on prescribed diet, for particular experimental purposes, and under special observance.

In the spring of 1831, circumstances made it expedient for him to return with his family from Prairie du Chien to Lower Canada again. I relinquished his engagements to me for the time, on a promise that he would return when required, and gave him an outfit for himself, wife, and children. They started in an open canoe, *via* the Mississippi, passing by St. Louis, Mo.; ascended the Ohio river; then crossed the state of Ohio, to the Lakes; and descended the Erie, Ontario, and the River St. Lawrence, to Montreal, where they arrived in June. He remained in Canada with his family until October, 1832, in good health, and at hard labour. He was in the midst of the cholera epidemic, at the time it prevailed, and passed through Canada, and withstood its ravages with impunity, while hundreds around him fell sacrifices to its fatal influence.

"In November 1832, he again engaged himself to me for twelve months, for the express purpose of submitting to another series of experiments. He joined me at Plattsburgh, N. Y., and travelled with me to the city of Washington, where, with the facilities afforded by the head of the medical department, the experiments were continued upon him from November 1832, to March 1833.

"During the whole of these periods, from the spring of 1825 to the present time, he has enjoyed general good health, and perhaps suffered much less predisposition to disease than is common to men of his age and circumstances in life. He has been active, athletic, and vigorous; exercising, eating and drinking like other healthy and active people. For the last four months, he has been unusually plethoric and robust, though constantly subjected to a continued series of experiments on the interior of the stomach; allowing to be introduced or taken out at the aperture, different kinds of food, drinks, elastic catheters, thermometer tubes, gastric juice, chyme, &c., almost daily, and sometimes hourly.

"Such have been this man's condition and circumstances for several years past; and he now enjoys the most perfect health and constitutional soundness, with every function of the system in full force and vigour."

We extract the following notes of some of the experiments performed. The results speak for themselves, and any intelligent practitioner can see the practical application of the information they convey:

"August 1, 1825.—At 12 o'clock, A.M., I introduced through the perforation, into the stomach, the following articles of diet, suspended by a silk string, and fastened at proper distances, so as to pass in without pain, *viz*:—A piece of high-seasoned a la mode beef, a piece of raw salted fat pork, a piece of raw salted lean beef, a piece of boiled salted beef, a piece of stale bread, and a bunch of raw sliced cabbage; each piece weighing about two drachms; the lad continuing his usual employment about the house.

"At 1 o'clock, P.M., withdrew and examined them—found the cabbage and bread about half digested; the pieces of meat unchanged. Returned them into the stomach.

"At 2 o'clock, P.M., withdrew them again—found the cabbage, bread, pork, and boiled beef, all cleanly digested, and gone from the string; the other pieces of meat but very little affected. Returned them into the stomach again.

"At 2 o'clock, P.M.,\* examined again—found the a-la-mode beef partly digested; the raw beef was slightly macerated on the surface, but its general texture was firm and entire. The smell and taste of the fluids of the stomach were slightly rancid; and the boy complained of some pain and uneasiness at the breast. Returned them again.

"The lad complaining of considerable distress and uneasiness at the stomach, general debility and lassitude, with some pain in his head, I withdrew the string, and found the remaining portions of aliment nearly in the same condition as when last examined; the fluid more rancid

\* There is evidently an error in repeating the same hour here; but it is impossible to correct it.—EDITOR.



and sharp. The boy still complaining, I did not return them any more.

"August 2.—The distress at the stomach and pain in the head continuing, accompanied with costiveness, a depressed pulse, dry skin, coated tongue, and numerous white spots, or pustules, resembling coagulated lymph, spread over the inner surface of the stomach, I thought it advisable to give medicine; and, accordingly, dropped into the stomach, through the aperture, have a dozen calomel pills, four or five grains each; which, in about three hours, had a thorough cathartic effect, and removed all the foregoing symptoms, and the diseased appearance of the inner coat of the stomach. The effect of the medicine was the same as when administered in the usual way, by the mouth and oesophagus, except the nausea commonly occasioned by swallowing pills.

"December 4.—Dined, at 3 o'clock 30 minutes, on beef soup, meat, and bread. 4 o'clock 15 minutes, took out a portion; particles of beef slightly macerated, and partially digested. 5 o'clock 15 minutes, took out another portion; digestion more advanced; meat reduced to a pulp; particles of bread and oil floating on the top; temperature of stomach 100°. 6 o'clock 45 minutes, digestion not completed; contents considerably diminished. 7 o'clock 45 minutes, stomach empty; chyme all passed out.

"At 1 o'clock, P.M., temperature of stomach 100°, atmosphere 40°—he ate eleven raw oysters and three dry crackers, and I suspended one raw oyster into the stomach, through the aperture, by a string. 1 o'clock 30 minutes, examined; stomach full of fluids: digestion not much advanced. The oyster on the string appeared entire, though, perhaps, slightly affected on the surface. 2 o'clock—examined, and took out oyster; about one-third digested, but retained its shape. 2 o'clock, 30 minutes, oyster gone from the string, except a small piece of the heart. Temperature of the stomach 101½°. Fluids less considerable. 4 o'clock, 15 minutes, stomach empty.

"At 3 o'clock, 45 minutes, P.M., same day, he dined on roast turkey, potatoes, and bread. 4 o'clock, 30 minutes, examined, and took out a portion. Turkey nearly all dissolved; vegetables half reduced. 5 o'clock, 15 minutes, took out another portion, almost completely chymified. 5 o'clock, 45 minutes, examined again; stomach nearly empty. 6 o'clock, some chyme yet remaining. 6 o'clock, 15 minutes, stomach empty.

"December 6.—At 8 o'clock, 30 minutes, A.M., he breakfasted on bread and butter, and one pint of coffee. 9 o'clock, 45 minutes, examined: stomach full of fluids. 10 o'clock, 30 minutes, examined, and took out a portion resembling thin gruel in colour and consistence, with the oil of the butter floating on the top, a few small particles of the bread and some mucus falling to the bottom; about two-thirds digested. It had a sharp acid taste. Temperature of the stomach 100°, atmosphere 38°. 11 o'clock, 30 minutes, stomach empty.

"At 4 o'clock, 30 minutes, P.M., same day, he dined on sausage and bread; full meal. 5 o'clock, 30 minutes, stomach full of fluids; digestion but very little advanced. 6 o'clock, 30 minutes, digestion considerably advanced; few distinct particles of sausage and bread to be seen entire. 7 o'clock, 30 minutes, stomach empty.

"December 29.—At 9 o'clock, A.M., weather clear and dry; wind N. W. and light; thermometer 34°; temperature of stomach 100°; coats clean and healthy; he breakfasted on fat pork, dry toast, and coffee—full meal. 1 o'clock, P.M., stomach half full of lardaceous fluid—no particle of any thing else but gastric fluids to be seen. Temperature 100°. 2 o'clock, 30 minutes, stomach not empty. 3 o'clock, stomach empty and clean.

"Remarks.—The protracted period of complete chymification in this meal, I conceive to have been principally owing to the unusual quantity of food taken being disproportioned to the gastric secretions, and more than was required to replenish the natural waste of the system. The quality of the food had undoubtedly some effect.

"December 30.—At 9 o'clock, he breakfasted on two and a half ounces of boiled, recently salted, fat pork, three ounces of wheat bread, masticated in usual manner, and one pint of coffee.

"At 1 o'clock, 30 minutes, the stomach was empty and clean, and probably was so at 1 o'clock; but owing to accident, I did not examine at that time. He became intoxicated in the afternoon, and interrupted the experiments.

"December 31.—At seven o'clock, A.M., weather cloudy; atmosphere damp and chilly; wind S.; thermometer 30°; temperature of the stomach 100½°; colour darker red than natural, and arid. Mucous coat abraded in spots, and rolled in small shreds; more irritable than usual.

"The diseased appearance of the stomach at this examination, was probably the effect of intoxication the day before."

Our space does not permit us to give more than these few specimens of the method of conducting these experiments, our readers must therefore rest satisfied with the following inferences drawn from them by Dr. Beaumont:—

"1. That hunger is the effect of the distension of the vessels that secrete the gastric juice.

"2. That the processes of mastication, insalivation, and deglutition, in an abstract point of view, do not, in any way, affect the digestion of food; or, in other words, when food is introduced directly into the stomach, in a finely divided state, without these previous steps, it is as readily and as perfectly digested as when they have been taken.

"3. That saliva does not possess the properties of an alimentary solvent.

"4. That the first stage of digestion is effected in the stomach.

"5. That the inner coat of the stomach is of a pale pink colour, varying in its hues, according to its full or empty state.

"6. That in health it is constantly sheathed with a mucous coat.

"7. That the natural temperature of the stomach is 100° Fahrenheit.

"8. That the temperature is not elevated by the ingestion of food.

"9. That exercise elevates the temperature; and that sleep or rest, in a recumbent position, depresses it.

"10. That stimulating condiments are injurious to the healthy stomach.

"11. That the use of ardent spirits always produces disease of the stomach, if persevered in.

"12. That the appearance of the interior of the stomach, in disease, is essentially different from that of its healthy state.

"13. That the agent of chymification is the gastric juice.

"14. That the pure gastric juice is fluid, clear, and transparent, without odour, a little salt, and perceptibly acid.

"15. That it contains free muriatic acid and some other active chemical principles.

"16. That it is never found free in the gastric cavity; but is always excited to discharge itself by the introduction of food, or other irritants.

"17. That it is secreted from vessels distinct from the mucous follicles.

"18. That it is seldom obtained pure, but is generally mixed with mucus, and sometimes with saliva. When pure, it is capable of being kept for months, and perhaps for years.

"19. That it coagulates albumen, and afterwards dissolves the coagula.

"20. That it checks the progress of putrefaction.

"21. That it acts as a solvent of food, and alters its properties.

"22. That like other chemical agents, it commences its action on food, as soon as it comes in contact with it.

"23. That it is capable of combining with a certain and fixed quantity of food, and when more aliment is presented for its action than it will dissolve, disturbance of the stomach, or "indigestion," will ensue.

"24. That its action is facilitated by the warmth and motions of the stomach.



"25. That it is invariably the same substance, modified only by admixture with other fluids.

"26. That it becomes intimately mixed and blended with the ingesta in the stomach, by the motions of that organ.

"27. That no other fluid produces the same effect on food that gastric juice does; and that it is the only solvent of aliment.

"28. That gentle exercise facilitates the digestion of food.

"29. That bile is not ordinarily found in the stomach, and is not commonly necessary for the digestion of food; but—

"30. That, when oily food has been used, bile assists its digestion.

"31. That the action of the stomach and its fluids are the same on all kinds of diet.

"32. That the time required for the digestion of food is various, depending upon the quantity and quality of the food, state of the stomach, &c.; but that the time ordinarily required for the disposal of a moderate meal of the fibrous parts of meat, with bread, &c., is from three to three and a half hours.

"33. That the digestibility of aliment does not depend upon the quantity of nutrient principles that it contains.

"34. That the susceptibility of digestion does not, however, depend altogether upon natural or chemical distinctions.

"35. That bulk, as well as nutriment, is necessary to the articles of diet.

"36. That digestion is facilitated by minuteness of division and tenderness of fibre, and retarded by opposite qualities.

"37. That solid food, of a certain texture, is easier of digestion than fluid.

"38. That animal and farinaceous aliments are more easy of digestion than vegetable.

"39. That oily food is difficult of digestion, though it contains a large proportion of the nutrient principles.

"40. That the quantity of food generally taken, is more than the wants of the system require; and that such excess, if persevered in, generally produces, not only functional aberration, but disease of the coats of the stomach.

"41. That the ultimate principles of aliment are always the same, from whatever food they may be obtained.

"42. That chyme is homogeneous, but variable in its colour and consistence.

"43. That towards the latter stages of chymification, it becomes more acid and stimulating, and passes more rapidly from the stomach.

"44. That water, ardent spirits, and most other fluids, are not affected by the gastric juice, but pass from the stomach soon after they have been received.

"45. That the motions of the stomach produce a constant churning of its contents, and admixture of food and gastric juice.

"46. That these motions are in two directions, transversely and longitudinally.

"47. That the expulsion of the chyme is assisted by a transverse band, &c.

"48. That the chyle is formed in the duodenum and small intestines, by the action of bile and pancreatic juice on the chyme.

"49. That crude chyle is a semi-transparent whey-coloured fluid.

"50. That it is further changed by the action of the lacteals and mesenteric glands. This is only an inference from the other facts. It has been the subject of experiment."

There are some valuable concluding remarks by Dr. Combe, which do not admit of abridgement; we must therefore refer our readers to the work itself, of which we give but a very imperfect sketch. The profession owes to Dr. Beaumont a debt of gratitude for his disinterested labours for their improvement, which we are convinced they never can repay, and Dr. C. is entitled to their thanks for putting the work within their reach at so moderate a price (7s.). We speak advisedly, when we assert, that we know no more valuable contribution to physiology within our memory.

**THE PRINCIPLES OF BOTANY; Structural, Functional, and Systematic.** By W. HUGHES WILLSHIRE, M.D. 12mo. Pp. 232. London. 1840.

This little work, our author tells us is designed to afford the *Student of Medicine* a condensed view of the principles of botany; and acknowledging the truth of his statement, as to the small amount of attention which can be paid to this branch of science, during the brief sojourn at the schools, which is now required from the candidate for medical honours, we can see the utility of such a short road to knowledge.

The list of subjects embraces the anatomy—organography—morphology—physiology—pathology and systematology of the vegetable kingdom. These are treated of in a terse and aphoristic fashion, but with considerable clearness, and the descriptions throughout are illustrated with numerous wood-cuts.

#### TO CORRESPONDENTS.

*Communications received from Drs. Sloane, (Clonmel,) Enright, (Ennis,) Phelan, (Graiguen,) Mullally, (Templemore,) Cane, (Kilhenry,) Motherrell, (Castlederg,) Kingsley, (Roscrea,) Townsend, (Cork.)*

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"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 1, 1840.

#### VACCINATION EXTENSION BILL.

It will be seen, under the proper head, that this measure is now in progress through the House of Commons, and, for many reasons, we sincerely congratulate the profession upon the warmth with which the matter has been taken up by members of both branches of the legislature. That we should thus express ourselves will not improbably excite surprise in the minds of some of our readers, and it may, therefore, be well to set forth one or two of those reasons for congratulation to which we allude. Taken, *per se*, the vaccination extension bill is no doubt of comparatively little importance. It bears obvious marks of the hastiness with which it was constructed, and shews but little knowledge of the nature or extent of the evils which it is designed to remedy, and, moreover, we do not expect that it will produce, as direct results, any important benefits to the community. In Ireland, at least, the spread of vaccination has not been limited by any obstacles interposed between the poor and the attainment of a share in this blessing. It is here within every one's reach to have their children vaccinated, free of all expence, at one or other of the various medical charities existing throughout the country. Nay, urgent solicitations have been constantly used by the medical officers of these institutions, to induce the peasantry to avail themselves of the opportunities thus gratuitously afforded; yet, strange to say, they have, in very many districts, preferred paying for variolous inoculation. The main advantage conferred by the bill, is, in our opinion, to be found in the provisions of the 10th clause. In the few words which this contains, will be found, should it pass into a law, the only restriction ever imposed, in Great Britain, upon the indiscriminate practice of medicine by unqualified persons. The point of the wedge has been here introduced—it only remains for the profession itself to strike it home, and thereby, in due time, to obtain for themselves and the public, all the



protection which in reason and justice ought to be afforded to either.

Another cause of congratulation we find even in the haste with which this measure has been passed through its several stages. This haste though unfavourable to a sound and wise legislation, is yet good evidence that the medical 'pressure from without' is beginning to operate upon the collective wisdom of the nation. The clamour for medical reform has, at all events, taught our rulers that *something must be done*, and they have accordingly thrown the vaccination extension bill as a sop for the noisy multitude. Is any one simple enough to imagine, that this slight concession would have been granted a year since? Not a bit of it. The boon has been quietly and gently, but constantly prayed for by benevolent men, ever since the establishment of Jenner's views—a disposition has been shewn to grant it only when the complaints of the medical profession and their demands for reform, were made to be heard through the length and breadth of the land. The echo of those complaints has within the last year overcome the voice of whisperers and monopolists, and has at length reached the ears of those in power. Again, we say, it was found both by *whisperers and whisperers*, that *something must be done*, and, accordingly, this measure was selected as likely to do the least possible mischief to the 'heads,' and to confer the least possible amount of advantage upon the body of the profession. Let the body, however, rejoice,—the vaccination extension bill is but the beginning of an end.

#### MORE ANTI-REFORM DOINGS.

"Gentle dullness ever loves a joke."

The following stupid attempt to be facetious at the expense of the cause of the profession, now pleading before the public and the legislature, appears in the columns of *Saunders's News Letter*. Upon what grounds the editor of that paper states that it has been transmitted to Lord Morpeth, for presentation, we know not, but we hope that he has merely been imposed on, and that the thing is a silly hoax displaying the inclination without the power to do mischief. If the writer ventured to transmit such a piece of impertinence to Lord Morpeth, he must be singularly ignorant of what is due to a nobleman in his station, and if he did not, the conductors of the paper should not have permitted its insertion:—

#### "TEMPERANCE.

"The following petition has been, we are assured, forwarded to Lord Morpeth, for presentation to the House of Commons:—

"*The petition of Edward Bewley, Licentiate of the Royal College of Surgeons in Ireland,*

"*MOST HUMBLY SHEWETH,—That your petitioner is a medical practitioner, residing in an inland county of Ireland, and that his principal means of support depends upon the practice of his profession. That your petitioner would respectfully beg leave to remind your honourable house, that the medical profession, for various reasons which it is unnecessary to detail, is equally with other learned professions, entitled to the protection of a fostering and paternal government. That your petitioner has reason to believe that many petitions have been already presented to your honourable house from associations of medical men, complaining of innumerable crying grievances under which the profession at present labours. That, in the opinion of your petitioner, the grievance which is most intolerable, and which most loudly calls for*

redress, (inasmuch as it is calculated to lessen in a material degree the income of the great majority of the medical men), is the awful spread of temperance among the population of Ireland, whereby a vast number of interesting diseases of various descriptions must inevitably be prevented, the researches of pathologists considerably abridged, and a valuable source of profit to the medical profession completely dried up. That your petitioner, therefore, humbly entreats on behalf of himself and his suffering fellow-practitioners, that your honourable house will adopt such measures as to your wisdom may seem most feasible to enforce the consumption of ardent spirits. That in case the above suggestion should be deemed inexpedient, your petitioner prays that your honourable house may speedily take the matter into your most serious consideration, with a view of affording the medical profession a suitable compensation for the loss of practice which must ensue from the disuse of intoxicating liquors.

"Moate, County Westmeath, March 23, 1840."

We should not condescend to notice this example of the prevalent ambition of men of small pretensions to obtain unenviable notoriety, did we not perceive that it was the echo of the suppressed murmur of those whom the author of it would probably wish to propitiate. The clumsy effort to perpetrate a sneer at the exertions of those claiming the attention of the government to the grievances of the profession, is merely an incautious repetition of the hole-and-corner whisperings of the clique in Dublin, of which this gentleman is an admirer; and the ill-disguised endeavour to throw discredit on the petitions for medical reform, is to us convincing proof that he has lately been taking a lesson in the metropolis. But we give him and them notice, that we are fully in possession of the extent and operation of this branch of tactics, and although they may chuckle at its temporary effect, we have an antidote at hand against certain back stairs arguments, which may prove effectual as regards both doctors and patients. The less they boast of their power and prowess, especially before such open-mouthed adherents as this the better.

Let even so contemptible a matter as this have its use by reminding men that the present crisis demands exertion, and that the most modest and retiring man amongst us should in self defence unite with his brethren, to meet approaching dangers. A demonstration must be made, the pressure from without laid on, and ample evidence afforded those who are waiting for it, that we are determined to obtain future justice, and to secure present rights. If the medical attendants of infirmaries and dispensaries especially, do not now speak out, they may for ever after hold their tongues. The question of medical poor-relief is before the country, and involves the very existence of the present institutions. Let those, therefore, interested in their maintenance be prepared to defend them. Let it not be understood that we would suggest this to be done from merely interested motives; but from that conviction which all experience has established, that our medical relief system, if properly carried into operation, is better suited to this country than the poor-law system of England, threatened to be substituted for it. Of this, on the most mature and dispassionate consideration, we are ourselves firmly convinced, but all our efforts to convince others, will prove unavailing, unless we have something more than our own words to enforce our arguments. We want the petitions which this disseminator of club principles would deride, we want local associations and strong resolutions, and we want an aggregate meeting in Dublin, before parliament is committed to any destructive act. Let us be left in want of these, and



we can assure our worthy friends in the provinces, they shall be left in want of their salaries.

Let this attempt to undervalue the exertions of the provincial members of the profession, be a warning to them against other attempts, whether emanating from town or country. We greatly fear that a similar mode of proceeding has been effectual in many instances in preventing timid or jealous men from joining in a common effort, and that there are many throughout the country exercising the same description of influence which the author of this ridiculous document is anxious to employ. Let those who are prepared to act and think for themselves, bear this in mind, and when they are advised to "keep themselves quiet," consider whether that advice is given for their advantage exclusively. No one can object to individuals assuming that the do-nothing policy is best suited to their particular cases, but they should not be permitted to force the same doctrine on those not similarly circumstanced. We can only counteract this mischievous influence when openly displayed, and we are determined to do so; recollecting that if we had read this gentleman a lecture for his wanton attempt to disturb the unanimity of the Congress last year, and other efforts to acquire notoriety by absurd proposals, and ridiculous objections to contemplated improvements, we should not now have to do so.

### MEDICAL ASSOCIATION OF IRELAND.

#### PROCEEDINGS OF COUNCIL.

THURSDAY, MARCH 26, 1840.—Council met.

The President stated that he and the Secretary had waited upon Mr. Drummond, for the purpose of calling his attention to the state of the medical charities in Ireland, in consequence of the approaching operation of the poor-law, and to the necessity of providing for them some permanent means of support; also to learn the intentions of government upon the subject. Mr. Drummond replied that he did not think it likely government would bring forward any measure for regulating medical relief to the poor, during the present session.

At the suggestion of the President, Mr. Drummond undertook to have the following alteration made in the 10th section of the Vaccination Extension Bill—instead of the words, "a member of the Royal College of Surgeons," which refer only to the London College, to substitute the words, "a member or licentiate of one of the Royal Colleges of Surgeons."

The President having reminded Mr. Drummond that the Council of the Medical Association represents the great majority of the medical profession in Ireland, expressed a hope that if it should be necessary to make any communication of the intentions of government to the profession, the Council might receive early information upon the subject; and that they would be happy to be the medium for conveying it to the medical practitioners of Ireland.

Resolved,—That addresses of congratulation be presented to the Queen, His Royal Highness, Prince Albert, and Her Royal Highness the Duchess of Kent.

Resolved,—That the short statement of the objects of the Medical Association, which appeared in the *MEDICAL PRESS* of March 25, be published in the *General Advertiser* of Saturday next.

We are requested to state that Mr. Malet is the Medical Superintendent of the Castle Townshend Dispensary.

### BRITISH MEDICAL ASSOCIATION.

The president and a deputation from the council had an interview with Mr. O'Connell on Tuesday last, for the purpose of laying before him their views with regard to Medical Reform, and ascertaining his sentiments upon the subject. Mr. O'Connell said it was his opinion, that instead of the numerous professional bodies now existing, with discordant regulations, there should be but three bodies, one in each of the capitals of the empire; and that these should have the same laws and the same kind of examinations, which latter ought to be public. The necessity for such uniformity, Mr. O'Connell considered to be proved by the fact, that not a few young men when rejected in one college passed with ease in another; thus showing, that something must be wrong somewhere. This and other evils he believed to emanate from the present corrupt corporation system, and he considered the only cure would be to get rid of the corporations altogether; as long as they existed, the seeds of evil would remain, and no good could be effected. On being asked if he would accept any instalment, if it were offered, he said, oh yes! he never objected to taking so much in the pound, if he could not do better, but his first instalment would be *the sweeping away of the present monopolists—the corporations*. Mr. O'Connell further said, that in the construction of any new form of government for the profession, care ought to be taken that the governing body should not have power to oppress the members—that 'there should be no *aulic* council.'

### POOR-LAW INTELLIGENCE.

CORK POLICE OFFICE.—Mr. Deane appeared as attorney for the poor-law guardians of the Cork union, to prosecute a man named Owen Dillon, under the 59th sec. of the act, for having deserted his wife about two years ago, in Waterford, by reason of which she became destitute, and has been relieved in the Cork workhouse ever since February.

Alderman—I suppose you have a great many of those prosecutions?

Mr. Deane—Yes, sir, over a hundred.

The wife lodged informations, and the court issued a warrant for the apprehension of her husband.—*Southren Reporter*.

[This is the first prosecution under the poor-law.]

WATERFORD.—A meeting was held on Tuesday, 24th instant, the Mayor in the chair, when the following resolution was passed:—"That we petition parliament to pass a short act to the following effect: That in cases of extreme distress it shall be lawful for the guardians of any union (subject to the approval of the commissioners) to give relief to poor persons by supplying fuel, food, and clothing, at their discretion, until such time as the poor-houses shall be fit for use; and that it shall be lawful for the guardians to assess the union, or any electoral division thereof, for that purpose; and that in case the valuation of the union be not complete, so that the assessment may be levied according to the provisions of the poor-law act, it shall be lawful for the guardians to order the assessment to be apportioned and levied in the same proportions, and under the same persons, as the grand jury cess." A committee was appointed, with a view, if possible, of carrying the bill through before the Easter recess.

SUPPRESSION OF MENDICANCY BILL.—The following paragraph, relating to this measure, we extract from the *Southren Reporter*:—

"We have reason to know that it is not intended to press the bill on this subject, of which Lord Mor-



peth gave an outline on Thursday night, in the House of Commons, through parliament in the present session. Although the noble lord stated that he would not hasten the bill through the house, his words were taken to mean that he would not press it immediately; but we can take upon us to say that it will not be urged to legislation in this session."

#### ARTIFICIAL PREMATURE DELIVERY OF A DWARF.

M. Dubois recently communicated the following interesting case to the Royal Academy of Medicine:—

The subject of this case was a girl 23 years of age, and of stature 3 feet 2 inches, scarcely that of a child five years of age. Her mother was of ordinary size, but her father was only 3 feet 6 inches in height. Three of their children were also dwarfs. Two years ago she was seen, for the first time, by M. Dubois. She was then in labour, but the child's head could not enter the inlet of the pelvis. M. Dubois, therefore, opened the head, and the latter descended to the vulva. But here a new difficulty presented itself; the vulva was extremely narrow, and the fœtus could not have passed, had not the walls of the vagina given way of their own accord, and the delivery was completed. The child, without the brain, weighed 5½ pounds.

Last year the girl again became pregnant, and immediately announced the fact, as she had been desired, to M. Dubois. In February she had arrived at the eighth month of pregnancy. M. Dubois now decided on effecting a premature delivery. The patient was first placed in a warm bath; a speculum was introduced, and a piece of conical sponge passed into the neck of the uterus; at the same time six grains of *secale cornutum* were administered. After a lapse of four hours the patient experienced strong pains, and labour was fully established. At nine o'clock the membranes were ruptured, and it was discovered that the breech presented; some slight difficulty was found in withdrawing the head, but this was soon overcome, and the delivery happily completed. The child was small, but living; the bi-parietal diameter, 3 inches; the occipito-frontal 3½ inches; the length of the child 15 inches; it weighed only 3 pounds, 12 ounces. The mother gave it milk for the first few days, and within a short time both parent and child were perfectly well. —*Gaz. Med.*, No. 11, 1840.

#### SPECIMEN OF THE TENDER SYSTEM.

The clerk of the guardians of the Southwell Union has inserted two advertisements in the *Nottingham Mercury*, of the 28th February, 1840; the one inviting "such medical gentlemen as are desirous of contracting for the medical attendance of the six districts," to send in "sealed tenders" to him on or before a given day. The other advertisement, addressed to "all persons," announces the willingness of the guardians to receive "sealed tenders for flour (good seconds,) beef (without bone,) milk, shoes, coals, clothing," and a variety of miscellaneous commodities. In the address "to the medical profession," the guardians do not pledge themselves to take the lowest tender." But this is no exclusive exemption; it is also at the bottom of the second advertisement. —*Lancet*, March 28, 1840.

#### THE RECTAL TUBE IN STRANGULATED HERNIA.

The following observations are appended to the translation, in the *Gazette des Hôpitaux*, of Mr. Maunder's case, as given in the *MEDICAL PRESS*, of January, 22:—

"We have already had frequent occasion to speak of M. O'Beirne's ingenious method of treating strangulated hernia, although we are not aware that it has yet been tried in this country. It is the more wor-

thy of attention as it opposes neither danger nor obstacle to the use of the bistoury, if that should be required. We presume that preconceived notions have helped to prevent recourse to the plan in question. Many modern authors see nothing but inflammatory enlargement in the hernial strangulations of the young and plethoric. It is probable, however, that many mechanical causes are added, and that by removing these latter, we can more easily overcome the former without operation. It is on this view that the plan of M. O'Beirne is based. It is certain, besides, that in simply incarcerated herniæ, the inflammatory strangulation is merely secondary, and that mechanical means alone are sufficient. Perhaps it would be the same in all cases if they were treated from the commencement by the rectal tube. We only wish at present to call the attention of practitioners to a fact that we consider important—the general question involving too many considerations to admit of its being treated of within our present limits." —*Rognetta*.

#### CÆSAREAN OPERATIONS.

The following Cæsarean operations have been recently performed:—

1. Followed by success for both mother and child; by Dr. E. Michaëlis, of Kiel.
2. Followed by the death of the mother; by Mr. Ward.
3. Extraction of a living child; death of the mother on the third day; by Dr. Flamm.
4. Operation performed for the second time, with success, on the same female; by Dr. Fox.
5. Fourth successful operation on the woman named Adametz; by Dr. Michaëlis.
6. An operation, equally successful, on a rachitic woman, 37 years of age. Dr. Michaëlis has been extremely fortunate in his operations. He has performed it four times; and in three succeeded in saving the lives of mother and child. Within the last eight years, ten Cæsarean operations have been performed in Holstein, and only three of the ten have terminated unfavourably.
7. Successful operation; by Dr. Bauer.
8. Operation successful for the mother; fatal to the child; by Dr. Herzbruch.
9. Successful case; by Dr. Wright.
10. Two successful cases; by Drs. Schenck and Petrenz. —*L'Experience*, March 5, 1840. —*Lancet*.

#### STATISTICS OF INSANITY IN FRANCE.

During the last eight years 1045 insane patients were received into the Lyons' Hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the patients, were as follows:—

**FEMALES, 542.**—*Physical*.—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (*isolation*), 6. —*Moral*.—Domestic afflictions, 65; poverty, 47; loss of fortune, 31; love and jealousy, 33; fright, 8; religion, 29; politics, 11.

**MALES, 503.**—*Physical*.—Hereditary disposition, 62; drunkenness, 54; apoplexy, 25; onanism, 21; syphilis, or mercury, 5; injuries of the head, 6; solitary confinement, 9; retrocession of cutaneous diseases, 14. —*Moral*.—Domestic trouble, 65; poverty, 56; loss of fortune, 36; politics, 16; jealousy, 14; religion, 12; fright, 6; excessive study, 8.

Of the 542 females, 114 were discharged perfectly cured; 91 were withdrawn by their friends, improved; 162 died; 175 remained in hospital on the 1st of June, 1839.

Of the 503 males, 149 were cured; 61 withdrawn; 158 died; and 135 remained in hospital. Hence the proportion of cures for the females, was 1 in 5; and for the males, something more than 1 in 5. —*Gaz. Med.*



## MEDICAL INTELLIGENCE.

## HOUSE OF LORDS—TUESDAY, MARCH 23.

Lord NORMANBY presented a petition from the medical practitioners of Edinburgh, praying for medical reform.

## HOUSE OF COMMONS.—MARCH 24.

On the motion of Sir J. GRAHAM, the vaccination extension bill was read a first time, and ordered to be printed.

## WEDNESDAY, MARCH 25.

Mr. C. BERKELEY gave notice, that on Friday he should move for returns, showing the number of deaths from small-pox after vaccination, in the hospitals of London, Southwark, and Westminster.

The North Tipperary Medical Union have adopted the petition, agreed to at the late medical meeting at Cork, on the subject of the medical charities, and have forwarded it for presentation to the House of Commons.

A deputation from the medical practitioners, attending the late assizes of North Tipperary, at Nenagh, waited on the grand jury to solicit them to allow two guineas for each post-mortem examination at inquests, and received, for answer, that they were already sufficiently remunerated.

## PROMOTIONS.

CIVIL.—Dr. Eugene Finn, has been elected physician to the Cork North Infirmary, in the room of Dr. Casey, resigned.

NAVAL.—Surgeons—John Wilson, (v.) to the *Instantant*; J. W. Bowler, to the *Victor*.

Assistant-Surgeons—R. Paris, to the *Thunderer*; J. Tait, to the *Impregnable*.

## OBITUARY.

At Waterford, in the prime of life, after a severe, protracted illness which confined him to his home for many months, Edward Jones, Esq., M.D., and J. P.

On Monday 23rd inst., at Bannow, of typhus fever, deeply and deservedly regretted, Dr. Colclough.

Dr. Duke, Thomastown.

At Aghnacloy, of fever, Dr. Gibson.

## REGISTER OF THE WEATHER.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	Mar. 22,	48	32	30.400	
Monday	23d,	50.5	36	30.360	
Tuesday	24th,	48.5	35	30.450	
Wednesday	25th,	51	34	30.500	
Thursday	26th,	52	35.5	30.450	
Friday	27th,	51	36.5	30.320	
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No. LXVI.]

DUBLIN, WEDNESDAY, APRIL 8, 1840.

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OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Surgery in the College.

### LECTURE XIII.—ERYSIPELAS.

ALTHOUGH constituting one of the great divisions of inflammation, agreeing with phlegmon in the characteristic symptoms of pain and heat, redness and swelling, and even leading to the same results in resolution, suppuration, and mortification, yet the person who would form his ideas of the nature and progress of one disease from the description already given of the other, would possess but inadequate and incorrect notions of erysipelas. Nay, were we to form our conceptions of this latter from the actual observation of a number of cases at one time or in one locality, we should probably fall into a grievous as well as a most dangerous error; for, independent of the fact, that it exhibits itself under various forms, probably modified in many instances by the nature of the exciting cause or the constitution of the patient, it often assumes peculiar types and characters, in many respects resembling an epidemic. Hence it is, perhaps, that such various and even contradictory opinions have been entertained of the nature of this affection—hence the discrepancy observable in the descriptions of it by different observers—and hence the difficulty every teacher must experience in attempting to convey an idea of it at once sufficiently simple and sufficiently comprehensive. In order, however, to seek for this, we must commence by considering erysipelas as a generic term embracing under it a number of diseases, all so far agreeing in general character and symptom, as to range within the same class, but each differing from the other in its course, its termination, and, consequently, its treatment, to

an extent to demand a separate consideration. Accordingly, there is no want of classification to assist us in placing and arranging each variety, but all are of necessity imperfect and unsatisfactory, because not founded on pathological principles, and the one most generally adopted is based merely on the prevalence of some one particular symptom. Thus, I may have occasion to speak of five or six forms of erysipelas, but first, it will be necessary to lay down its general local characters and place them in contrast with those of phlegmon; we can consider its constitutional symptoms which are still more important afterwards.

Erysipelas, then, exhibits a diffused inflammatory redness over the surface, of greater or less intensity of colour, some cases having a yellowish tinge, some being of a deep red, and others verging on purple—but whatever the tint may be, it is the same throughout, and not as in phlegmon, deep in the centre, and paler at the edges. The limit of the inflammation too, is marked by a sharp and well-defined line, and it does not merge, insensibly, into the colour of the adjacent healthy skin. If pressure is made with the finger on an erysipelatous spot, the redness disappears for a moment, but returns immediately on the pressure being removed. The swelling seldom rises much above the elevation of the adjacent healthy skin, and is equal throughout, not being higher in one part than another. The pain is very variable and undecided in its character, being described by some as itching, lancinating, &c., and by others as being hot and burning. I do not think it a very painful affection, but the inflamed surface is almost always very sore to the touch, and will scarcely bear being handled even with the utmost gentleness. In some forms of the disease there is a strong tendency to the formation of vesications on the inflamed part. Such are the general characters of the commencement of erysipelas, common to it more or less in all its forms, but not equally developed in every case, and hence



the necessity of some classification even for the arrangement of the local symptoms, which I shall attempt, as follows, viz. :—

1. The mildest, and most common form of the disease, in which having seized on any locality it remains there, exhibiting the symptoms already described in their best and most regular characters, and extends itself no farther; but even here there is some variety, from the small and trifling patch termed by the common people “a blast,” to the more extended and severe attack. This kind of erysipelas frequently appears on the face or head, and is prone to run into vesication.

2. The sporadic, in which the disease extends itself from the part in which it originally appeared but without leaving the place first affected; thus, erysipelas having commenced in the scalp or face, may spread over the breast, shoulders, and arms, &c., or beginning on the feet run upwards and along the leg and thigh to the trunk. This species exhibits pretty nearly the same local symptoms, but the constitutional are usually more severe, and do not subside or become mitigated whilst it is progressing. Of course it is more dangerous, for as it spreads over any of the cavities, we find the functions of the contained organs often sympathetically deranged, but it may prove destructive from another cause. Often has it passed from the face to the throat and fauces, and killed its victim with all the symptoms of acute and unmanageable laryngitis.

3. The erratic, in which the inflammation having appeared in one part, either spreads by irregular patches, with portions of healthy, unaffected skin between them or leaves its original locality altogether, and breaks out in some other place. It bears some striking resemblance in appearance to erythema nodosum, except that the elevation of the swelling is very trifling, and the patch defined by an irregular, but well-marked line. This very seldom suppurates, but is nevertheless imminently perilous; the danger partly arising from the fever that accompanies it as it generally appears in persons of bad and broken-down constitutions, worn out with poverty and hardship, or debilitated by intemperance, and partly from its wandering disposition, which may cause it to be thrown by something like a metastatic transfer on some internal important organ.

4. The oedematous, the name of which explains its peculiarity. It is generally of a very dark red colour, more swollen and elevated than the other species, and receives and retains for a short time the impression of the finger laid firmly on it. The prominence of its peculiar symptom depends on the situation of the disease, and the nature of the cellular tissue within it; for parts so placed that the fluid will gravitate towards them, and abounding in loose reticular membrane, permitting a large and free communication between the cells, will, of course, be most oedematous. Thus, in erysipelas of the head, the eyelids are often frightfully swollen from this cause. Fortunately this form of disease does not often suppurate, but when it does, the matter takes a different direction, and is found in the most depending position.

5. The gangrenous. Any form of erysipelas may possibly terminate in mortification, produced apparently by some wretched condition of constitution; thus the oedematous sometimes runs such a course, and occasionally the patchy or erratic species, if cut into exhibits a cellular tissue underneath, dark-coloured and gangrenous, like the result of diffuse inflammation. But there are some instances in which the disease seems to have this tendency, and no other, from the commencement, or, perhaps, it would be more correct to say, there are some cases of gangrene

always preceded by inflammation of this description. It appears frequently in the neighbourhood of the toes or on the dorsum of the foot, by an oedematous swelling of a very dark red colour, the centre of which soon becomes purple and livid, and runs rapidly into mortification, attended with all the constitutional derangement and danger to life that usually wait on gangrene. This kind of erysipelas is also very frequent in the neighbourhood of the anus.

6. There is still another erysipelatous affection of the greatest importance, inasmuch as whilst it seems to be, and really is more under the controul of surgical treatment than any of the forms of the disease already spoken of, any neglect arising either from ignorance or delay is inevitably followed by most calamitous results. It seems, (at least in its symptoms) to be an admixture of the disease under consideration with phlegmon, and is, therefore, called the phlegmonoid or phlegmonous erysipelas. The local symptoms commence with pain, redness, and swelling in the part. The pain, like that of phlegmon, is usually severe, and accompanied by throbbing—the colour is a bright, shining, glossy red—the swelling appears to the eye to be tense, but to the touch it is nevertheless soft, and sometimes oedematous. At the commencement, and while limited, the whole disease greatly resembles a very acute phlegmon, about to terminate in abscess; but it soon develops its erysipelatous characters, spreading in every direction, and destroying the cellular tissue of the part wherever it extends. It now presents to the examiner, an indistinct sensation of fluctuation, that is, the presence of fluid is sufficiently obvious but mixed with something more solid, and not confined within a cyst or sac. The term “boggy,” though not a very refined one, conveys a better idea of this sensation, than any other that now occurs to me. This feeling is indicative of the existence of serious mischief underneath. The cellular tissue is dead, and its sloughs mixed with abundance of purulent matter, which spreads with great rapidity upwards and downwards, detaching, and, as it were, dissecting the muscles from each other. If an incision is made into the part, the discharge is matter mixed up with these sloughs, resembling ragged lint thoroughly soaked in pus; but if such evacuation is not made, very large patches of mortification form on the limb, which, on separating, exhibit the remainder of the skin, loose and unconnected with the muscles underneath. I have known an arm to be thus injured so extensively in an incredibly short space of time as to render amputation at the shoulder-joint indispensable.

Thus far we have seen that the local symptoms of erysipelas are those of inflammation, pain and heat, redness and swelling, and yet, notwithstanding all this, many practitioners have not regarded it as a purely inflammatory affection, founding their opinions on its general non-resemblance to phlegmon, and on the type of the fever that attends it. Already I have pointed out some of the features in which it particularly differs from phlegmon—I shall now direct your attention to the constitutional derangements, in which you will observe a great discrepancy from that state of excitement which I have described as inflammatory fever. Some time, (generally three or four days,) before the appearance of erysipelas, the patient experiences those premonitory symptoms which precede the attack of every fever, and which have often been mistaken for the indications of a continued idiopathic fever, until the appearance of the eruption has declared the nature of the case. There is shivering, crouching over the fire, and a sensation as of cold water trickling down the back—loss of appetite, and such a loathing of animal food, that the smell of it is disagreeable—nausea, and sometimes vomiting of an



intensely bitter matter—restlessness—great heat of skin, and often severe headache—the tongue is always foul and loaded, at first being thickly coated with a white substance, like inspissated mucus, but afterwards becoming yellow, particularly towards the centre—there is often a jaundiced colour of the face and eyes. The patient also frequently complains of pain about the præcordia, or in the situation of the liver or stomach, and there is always constipation of the bowels.

Unlike other forms of eruptive disease, the fever neither subsides or is even much mitigated on the external appearance of the redness: it still continues its course, assuming each day (in an unfavourable case) more and more of the character of typhus. The pulse becomes quick, but small, weak, and faltering: the tongue brown, hard, dry, and fissured, as if deep clefts had been cut or torn into it: the teeth are covered with a dark brown or black sordes, and the lips often exhibit a similar appearance. There is sometimes subsultus tendinum—rarely however, absolute convulsion. The sensorium is always engaged, at first with reverie and wandering, which soon changes into a low muttering delirium, merging into coma, in which latter condition it is that a patient dies. Towards the latter end, the state of the patient, (or at least of his attendants) is rendered still more uncomfortable, by involuntary discharges from his bowels: and there is occasionally retention of urine. Such is the progress of a case when it terminates unfavourably, but though always a formidable affection, we are not to suppose that it is generally or even frequently fatal: on the contrary, the great majority of cases recover, and we shall see presently, when discussing the subject of prognosis, what the circumstances are, that seem to give a direction to the disease either fortunate or otherwise.

But first, let us see if we understand any thing of the etiology of the disease. Obviously it may, and does follow on any species of wound or injury, having been frequently seen after the trifling lesion inflicted by a common leech-bite, and it is also one of the unexpected and uncontrollable circumstances that mar the success of some of our best designed and most skilfully executed operations. And here, allow me to observe, that this one fact is sufficient to prove the paucity of our knowledge on this subject, else how should any intelligent surgeon expose himself to the distressing occurrence of losing a patient from an apparently trifling operation? I have known one of high and deserved reputation, that witnessed the death of his patient, after the insertion of a seton in his neck. Again, we observe, that erysipelas prevails in particular situations, and is very likely to follow on injuries of the head, and also, that it is frequent in parts of the body, where a loose reticular tissue abounds: all or any of these circumstances then may modify the disease when it occurs, and may induce it to assume a particular aspect, or run a particular course, but as to its exciting cause, I apprehend that neither the kind of injury inflicted—nor its locality—nor the structure engaged will explain erysipelas, and that we must look to some predisposing state of the system, as sometimes causing the development of the disease after the slightest possible injury, and sometimes producing it idiopathically, without any such stimulus at all. Whatever such constitutional cause may be, certainly, if not produced by, it is evidenced in, a deranged condition of the digestive organs: the premonitory symptoms—the state of the tongue—the yellow, jaundiced colour of the skin,—the fact of an emetic sometimes suddenly checking the progress of sporadic erysipelas—all these prove the unhealthy condition of the digestive system, and that the biliary secretion is importantly, and perhaps principally im-

plicated. All the older writers without exception, speak of erysipelas as a bilious form of inflammation, and the celebrated Desault was so entirely of a similar opinion, that he directed his treatment on the plan of regulating this secretion. Unfortunately, we cannot recognise the existence of this particular kind of constitution, *a priori*, or it might save us from some painful and perplexing visitations after our operations.

But there is another point connected with its exciting cause, of great and paramount importance, and of equally great difficulty to determine, namely, how far erysipelas in any or all its forms, can be considered to be contagious: and here, as in many other circumstances connected with the disease, there are facts and arguments that might justify opposite conclusions. In most instances, we see patients admitted without any extraordinary care or caution, and placed indiscriminately amongst others in the wards of an hospital, without any unpleasant consequence, but occasionally events fall out otherwise and cannot be explained, unless by the influence of contagion. A woman was admitted into hospital for some abdominal tumour, and placed in the next bed to one suffering from erysipelas of the head: no tangible cause could be assigned for the transmission of the disease, and yet she was seized with it, and what rendered the case still more remarkable, it spread by the mouth and fauces to the larynx, and the unfortunate patient perished. The woman in the next bed, at the opposite side, remained unharmed. The records of surgery are filled with similar cases, and yet, they appear to be the exceptions, and only prove the possibility and not the likelihood of dissemination by contiguity. But whatever may be the opinion entertained of the contagious nature of erysipelas, (and this opinion may probably vary, according to the personal experience of each individual,) there can be no doubt, that at times it assumes the character of an epidemic, and prevails to a most annoying extent in particular localities—so much so, that scarcely even the slightest wound escapes.

I have known some surgeons so harassed by erysipelas, that it was with fear and trembling they would touch a lancet, much less engage in any important operation, and on one occasion, when it prevailed in the Meath Hospital, it followed on the application of a common blister between the shoulders, and proved fatal. Here again we are in the dark, as to the causes that determine this epidemic—for such it is. Sometimes it pervades an entire district or neighbourhood, the rich, the cleanly, and the comfortable, being equally exposed to its attacks with the destitute and poor: sometimes it is rife in one hospital, all the others in the same city being comparatively free. I recollect that soon after the present Meath Hospital was opened, whilst yet the building was new and cleanly, and admirably ventilated, erysipelas prevailed within it to a most distressing extent, and its general type was that of gangrene. This latter form of the disease I believe to be in most instances, exquisitely malignant—nay, that the very gas which escapes when an incision is made into such, is capable of becoming the medium of contamination—that the contact of the fætid sanies it contains, is eminently perilous—and that a breach of the surface is not necessary to the perfection of the inoculation. Many surgeons have suffered severely from being obliged to deal with this affection, amongst whom I may notice as a striking illustration of its malignity, a particular friend and fellow student of my own: he practised in the country, and was called on to treat a case of gangrenous erysipelas of the head: he was not conscious of having wounded or inoculated himself, yet he was seized with a similar disease and died—his patient died—the servant who attended during the operation,



and the woman who washed the soiled towels, all experienced a similar unhappy fate. This seems to be a case equally distressing and alarming, yet I might quote others like it, did I not deem one illustration sufficient, particularly as the case is well known and well authenticated, and the individual who thus suffered in the discharge of his duty, still remembered amongst us with regret.

In a disease so very obscure, obviously it would be of great importance to discover something of its pathology. That it is a local inflammation, arising from and throughout its entire course, intimately connected with constitutional derangement, seems sufficiently apparent, but then we are obliged to fall back again, and ask what is the inflammation, and what the internal disease? Already I have shewn that we are ignorant of the actual condition of the structures in acute phlegmon—that our science is conjecture, and that which we call knowledge, little more than plausible hypothesis—and surely we cannot possess more certainty of information as to a disease which even more than phlegmon eludes the eye of the morbid anatomist. According to Ribes and others, it consists of an inflammation of the minute or capillary veins of the part, and in the absence of proof from dissection the conjecture is not unreasonable, if we judge from the character of the fever, which is exactly like that attending on inflammation of the trunk of the vein, and from the purulent depôts thrown upon the chest, the joints and other cavities which occur as the sequelæ of both diseases. Yet, the hypothesis is probably not true, inasmuch as the blush of redness generally disappears after death, which ought not to be the case, if it depended on a congested condition of the veins, and if it was true it would be of but little practical assistance, for it is the fever that destroys the patient, and this fever seems always to be connected with some internal disease. Some pathologists have denied the existence of internal lesion, as necessarily connected with erysipelas, and the frequency of recovery, even in severe cases, might afford countenance to such an opinion, but when death takes place, I believe that in the great majority of instances, sufficient evidence of internal disease will be found to account for the fatal event. When the head has been principally engaged, marks of meningeal inflammation, cerebral congestion, and of effusion into the ventricles are constantly observed. When the chest, various results of disease are seen in a congested state of the lung, effusions into the bronchial cells, and patches of erythematous redness on different parts of the mucous surface of the trachea and bronchial tubes. But in every case, whether severe or mild, there is reason to believe that the digestive system is more or less engaged. During life, the premonitory symptoms, the nausea, vomiting, the tenderness on pressure, and other characteristics of gastric distress, would lead to such a supposition, which is amply confirmed by appearances on dissection. I think the mucous membrane of the stomach and intestines, is constantly found to have been engaged, but the student must not expect to find ulceration or other decided marks of disorganization present, for the patient seldom lives sufficiently long to have such extensive lesion completed.

Under these circumstances it will be scarcely necessary to insist that a prognosis should be always extremely guarded; for, however benign the external appearances of the disease may be, we can never be certain as to the condition of internal parts and organs, or of the possible complication that may at any time arise. It is, as the common people express it, a most treacherous disease. I think, however, that with the exception of the phlegmonoid, the result of which is almost entirely modified by the treatment

adopted, the danger of each species of erysipelas corresponds very nearly with the order in which I have placed them, the simple or ordinary form being (*ceteris paribus*) the least so, the gangrenous evidently the most. It is said that the situation of the disease, in some respects, modifies its result, it being more dangerous when placed in the immediate vicinity of any of the important cavities; but I know not how far this is true, and I pay much more attention to the extent and severity of the attack. The head and face are infinitely the most frequent seats of simple erysipelas: it is this form which often runs into vesication, and the disease terminates favourably by scabbing or desquamation. The sporadic and the erratic species are much more dangerous; indeed I know not how any patient can be looked on as safe as long as either of these characters are present; independent of the constitutional derangement which, in every case, constitutes the true measure of danger, the sporadic is principally perilous by extending itself to some organ of importance, such as the pharynx or larynx—the erratic by its metastatic transfer to some internal organ. The sudden recession or disappearance of the superficial blush, succeeded by symptoms of severe internal oppression, is seldom, if ever, attended with recovery. The gangrenous is eminently destructive, but, of course, its danger will greatly depend on the extent of parts implicated: that form of it in which the cellular tissue is infiltrated with foul or putrid serum, resembling the result of diffuse inflammation, and which is so often seen in the submucous structure of the larynx, the pharynx, and, indeed, the whole intestinal tube is, I believe, inevitably and incurably fatal.

I have stated that vesication ought to be considered in rather a favourable light, and, I think, still more highly of suppuration: it is not a very frequent result, but when present, it generally indicates that the internal organs are safe, and the disease about to bring itself to something resembling a critical termination. Of course, I again except the phlegmonoid erysipelas, the essential character of which is suppuration, and the chief source of danger the diffusion of the matter.

Suppuration in erysipelas generally takes place without the formation of a cyst to contain the matter, and hence it presents in depending situations to which it falls by its own gravity; thus, when the scalp is engaged, we generally find the pus lodged within the eyelids or the ears. But suppuration may take place with the formation of a cyst or cysts, and the condition and circumstances under which these little abscesses are formed, are often extremely curious. I have seen them frequently on the head, but they also appear in other parts, particularly on the limbs where they observe the course of the blood-vessels, and (it may be) have some connexion with an inflamed condition of the veins. These abscesses are often numerous—they are formed with great rapidity, being frequently produced in the course of a single night—the matter is of the ordinary healthy character, and its quantity is large in proportion to the apparent size of the cyst—the surface is scarcely elevated; and, I suppose, the suppuration takes place without pain, as the patient is in general ignorant of the existence of any collection: when opened, these abscesses heal very kindly, and seldom, if ever, give any trouble.

Such are the usual results of erysipelas when it terminates in suppuration; but I do not at all mean to deny that it may occasionally give rise to a large, solitary, circumscribed abscess, just as might occur after phlegmon; on the contrary, although unusual, I have seen such, and when they are deeply seated, as is frequently the case, their diagnosis becomes both difficult and obscure. Some persons speak of the



possibility of an abscess being transferred by metastasis to a distant and more important locality, and of the danger to be apprehended therefrom; but I have never satisfied myself of such an occurrence, and, therefore, although I would not presume to deny its possibility, I think it must be very rare, and am still disposed to regard suppuration in erysipelas as a fortunate and favourable result.

Occasionally, after recovery, the patient has to experience certain inconveniences that may be regarded as the inevitable sequelæ of the disease, and over which we have no control, either in the way of prevention or of cure. Thus, the skin often remains thick, rough, and indurated for a considerable time—an occurrence that is particularly unpleasant when it affects the face.

Almost always after extensive erysipelas of the head, the patient remains more or less deaf for a considerable time, and I have known this symptom to prove particularly annoying. In other cases, the patient is distressed by epiphora, or a dropping of the tears over the cheek, in consequence of the disease spreading to the puncta lachrymalia, and this symptom may remain for some time, but will, eventually, disappear if not interfered with. Sometimes the sense of smell is considerably impaired; but the possibility of these symptoms will readily occur to each of you as well as an easy explanation of each.

Although the class of persons that suffer from erysipelas are generally of adult age, or even more advanced, yet I have observed it in children long before the period of puberty; and there is a form of it that attacks newly born infants, which differs little from that in the adult, except in its peculiar malignity. It is termed the infantile erysipelas, appears within a few days after birth, rarely after the fourth week, and partly from its tendency to gangrene, and partly from the weakness of the subject it attacks, terminates rapidly in death. It appears in the form of a dark-red or livid blush on the inferior part of the abdomen, or organs of generation, whence it soon passes to the nates, and down the thighs—dark-coloured vesications appear on the surface, which run into gangrene; and if the child lives long enough, very extensive destruction of parts may occur, but it seldom does, and death relieves it from much suffering.

This is a form of the disease, however, of which I cannot speak with much confidence; it occurs more frequently in lying-in hospitals, where it is sometimes epidemic, I have seen comparatively but little of it, and, judging from a limited experience, I see nothing to entitle it to a separate name and a separate class, except the age of the patient, and the destructiveness of the disease which is possibly attributable to it.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### ST. VINCENT'S HOSPITAL

#### CASE OF TUBERCULAR CAVITY IN WHICH METALLIC TINKLING WAS UNUSUALLY LOUD.

BY O'B. BELLINGHAM, M.D.

Although tubercular phthisis is very common, and tubercular cavities are anything but rare, there are some auscultatory signs, which (though not essential characteristics of the advanced stage of this disease) are met with from time to time, and, from their rarity, have always attracted a considerable share of interest—I allude to the metallic sounds.

Having recently had a case under my care where

one of these sounds (the metallic tinkling) was louder and better marked than in any case of a similar description I had either read of or seen; and as I had an opportunity of making a post-mortem examination, I considered that I could not serve the cause of auscultation better than by giving a short account of the case.

The patient, a male, aged about 28, was admitted into St. Vincent's Hospital in the early part of the present month, in the last stage of laryngeal phthisis; his voice was nearly lost, and auscultation detected a cavity in the upper portion of the left lung, in which gargouillement was exceedingly loud—he was very much emaciated—had had several attacks of hæmoptysis; in the last, which occurred soon after his admission, he lost nearly half a chamber-pot full of blood.

March 9th.—A day or two after the last attack of hæmoptysis, on proceeding to examine him in the recumbent position, and before the stethoscope touched the parietes of the chest, a loud metallic sound was heard, synchronous with inspiration: it was audible with the stethoscope over the greater portion of the anterior part of the chest, and was distinct at more than two feet from the patient, at which distance it was heard by the pupils who accompanied me.

It might be compared to the ringing sound produced by a gentle flip given to a metallic vessel, but the sound was not so clear.

On questioning the patient, he stated to me that he had first heard this sound himself a fortnight previous—that it occurred only when he lay upon his back—that it was not constantly present—and that it sometimes disappeared when he coughed.

March 10th.—The patient stated to me this morning that he had been much annoyed the night before by the metallic tinkling and gurgling sound which prevented him from sleeping; he compared the metallic sound to a clock striking in his chest, and said he had been obliged to lie upon his side in order to get rid of it. While I was in the ward it was not as loud as he said it had been a short before; at a little distance from him it resembled the sound produced by gently pulling the string of a musical instrument, and then suddenly pressing it with the finger. It accompanied the inspiration, and persisted while he was speaking; it was not at all synchronous with the action of the heart, which was beating strongly upwards of 100 in the minute.

March 11th.—The metallic tinkling was heard this morning at the foot of the patient's bed; and was more audible at a little distance from him, than when the stethoscope was applied over the cavity; as the gargouillement was exceedingly loud, and the sounds of the heart were also so loud as to obscure the metallic phenomenon. The sound, to-day, resembled that which one of the old-fashioned English-made repeaters makes in striking, more than any other sound which I had heard. It is most audible when he changes his position from the side to his back; he prefers, and is easiest, when lying upon his left side; he can only lie for a very short time upon his right side.

March 14th.—This morning the metallic tinkling was hardly audible—the patient is very weak, and almost unable to expectorate. He died in the course of the day.

*Examination sixteen hours after death.*—Right lung healthy, except in a few parts of the upper lobe, where tubercular matter was deposited.

Upon the left side, strong adhesions connected the pleura to the pericardium and diaphragm; the pleura of superior lobe was very much thickened, appearing to consist of many layers, and completely adherent by firm, thick, and old adhesions to the parietes.



Apex of left lung solidified by tubercular deposition, and containing several very small cavities.

In the inferior part of the superior lobe was a cavity which would contain an egg, but without any communication with the smaller cavities above; its anterior wall consisted of a thin layer of solidified lung, and was closely and firmly adherent to the parietes of the chest.

The cavity itself was about one-third filled with pus, and was lined by lymph throughout—its surface was smooth—it presented a small pit or depression in one place, and a short sinus in another—at its inferior part a small fungus-like body, resembling a coagulum, not coated with lymph, projected into it; two small bronchial tubes opened near each other, at its internal and posterior side about the centre; the walls of the cavity were exceedingly firm and solid.

The larynx presented several patches of ulceration.

The liver was much enlarged, and presented the usual character of fatty liver.

The heart was rather larger than natural—its substance soft and flabby.

In cases of pneumo-thorax, where the pleura contains both air and fluid, with a fistulous communication between the cavity of the pleura and the bronchial tube; the result of softened tuberculous matter, having made its way by ulceration or rupture, into the sac of the pleura; the metallic tinkling is not unfrequently heard; but the cases are exceedingly rare, where this sound, well characterised, proceeds from a simple tubercular cavity. Laennec, in the second edition of his work, has only given two cases where this phenomenon was observed; and Dr. Stokes, in his recent work upon the disease of the chest, has given but three cases. Dr. Latham, Physician to St. Bartholomew's Hospital, in his valuable lectures upon clinical medicine, says that only two cases have occurred to him in which the metallic tinkling proceeded from a mere pulmonary excavation, and he adds that he only once had an opportunity of examining a cavity of the lungs from which this sound proceeded during life.

In my experience also it is exceedingly rare, much more so than the other metallic sound, which is occasionally elicited by percussion over a cavity—the *bruit de pot fêlé*. This sound it has happened to me to meet twice within a week, and sufficiently loud to be observed by those around me, whereas the metallic tinkling, well marked, I have not heard, in similar cases, oftener than twice or three times in as many years.

In all the cases of simple pulmonary excavation in which metallic tinkling has been observed, the cavity has been of unusual size, so much so that the occurrence of this sign is set down as a diagnostic mark of a cavity of very large size.

In each of the three cases given by Dr. Stokes, the cavity was extremely large. In one of the cases given by Laennec, the cavity was exceedingly large; and in the other three cavities, each the size of a pullet's egg, communicated with each other. In Dr. Latham's case also, the excavation was of a very large size.

In none of these cases, however, was the metallic sound as loud as in the present instance; and yet, the cavity in this case was not at all of an unusual size.

Several theories have been put forward to explain the mechanism of the production of metallic tinkling.

Laennec attributed it "to the vibration of the air at the surface of the liquid, when the latter is agitated by the respiration, voice, or coughing." This, however, cannot be its cause, otherwise it would be heard

in every case of very large pulmonary excavation, which contained a small quantity of fluid and a larger quantity of air, and communicated freely with the bronchial tube.

Other writers have endeavoured to account for it by supposing drops of liquid to adhere to the upper wall of the cavity; and, on the patients' changing his posture, these to separate and to fall upon the surface of the liquid, and in this way to produce the sound. If this were always its cause, however, the sound could not preserve any regularity, and would not necessarily accompany either the breathing, the voice, or the cough.

M. Dance explains the production of this sound in pneumo-thorax, in the following way:—

"When the level of the liquid contained in the cavity of the pleura is superior to the orifice of the cavern, the air which enters the lungs at each inspiration rushes into the cavity of the pleura, rises through the liquid in the shape of a bubble, by reason of its specific gravity being less, and arrives at the surface where the bubble breaks, and produces the metallic sound."

M. Beau, from his conviction of the correctness of this explanation, wishes us to substitute the term "*tintement bullaire*," for that of *tintement métallique*, which had been given to this phenomenon by Laennec.

Dr. Stokes seems to think that the cause of this sound is still doubtful; after quoting the two cases given by Laennec, and detailing the three others to which I have already alluded, he says—"From these facts it is obvious that the mechanism of the metallic signs is not yet established. These sounds may be intermittent, and may accompany the voice, inspiration, cough, and action of the heart, or exist in connection with only one of these actions; further, although they generally indicate a large cavity, yet even in this case they are not always present, and may even proceed from several moderately-sized excavations, as in the case recorded by Laennec."

"It is remarkable," he continues, "that in several of these cases the cavities were multilocular, the divisions being caused by septa of the pulmonary tissue, perforated by fistulae, or by bands of obliterated vessels. Can this condition, he asks, have any effect in producing the metallic sounds?"

It appears to me, that Dance's opinion explains sufficiently well the production of this phenomenon in the case before us. The orifices of the bronchial tubes, which opened into the cavity, when the patient lay upon his back, were below the level of the fluid contained in it; at each act of inspiration, a bubble of air entered the cavity from one of these tubes, ascended to the surface of the liquid, where it burst, and gave rise to the sound. The condition of the parts was also favourable for the conveyance of the sound to a distance; the patient was very much emaciated; the excavation was near the surface; the anterior wall of the cavity was thin, dense, and closely adherent to the neighbouring part of the chest; the parietes of the rest of the cavity were solid and dense.

In conclusion, then, this case appears to be interesting in several points of view:—

1st. For the loudness of the metallic tinkling, which was so loud as to disturb the patient, and to be audible at the foot of his bed.

2dly. It accompanied only the inspiration; but once did I hear it with the voice, and then it did not seem to have any connection with it.

3dly. It proves that the very large size of the cavity is not an essential requisite for its production; and that septa, or fistulae, or bands passing across the



cavern, are not necessary for this sound to be strongly marked: and—

4thly. The mechanism of its production appears to be easily explicable on the theory of Dance and Beau; as the metallic tinkling was only audible when the patient lay upon his back; and was generally loudest shortly after his changing his position from his side to his back.

#### CASE OF FEVER, TERMINATING IN FATAL HÆMORRHAGE.

TO THE EDITORS OF THE MEDICAL PRESS.

Arthurstown, March 30, 1840.

GENTLEMEN,—In sending you the following case of death from hæmorrhage, I regret not being able to accompany it with any hint of practical utility. I solicit, in fact, information from my professional brethren, some of whom may have met with instances of this painful accompaniment of the prevailing epidemic typhus fever, and been more successful in its treatment than I have been.

Dr. Armstrong, many years ago attempted, and with much success, to shew that the typhus fever, which from time to time prevailed in these kingdoms, was not to be looked on as simply a disease, commencing, running a particular fixed course, and terminating in recovery or death, according to supposed intensity of the peculiar contagion, or state of constitution in the patient—his theory, however, merely pointed to either inflammatory action, or a state of congestion in the head, chest, or abdomen. Broussais, subsequently sought to prove, that in every instance, a peculiar inflammatory action, which he termed gastro-enteritis; was, if not the actual cause of typhus fever, an invariable attendant on it, and that by combatting this action, the disease must be cured.

The prominent appearance of gastric and intestinal irritability in almost every case of the type of fever, now unfortunately prevailing and extending in this neighbourhood, would strongly bear out Broussais' proposition, but not its sequence, depletion of any kind being totally inadmissible.

In conclusion, I have to state, that one other case nearly similar to the following in symptoms, and ending in death, occurred in the practice of a neighbouring friend.

H. S. a strong healthy young man, was attacked with symptoms of fever, accompanied by most violent bilious vomiting: by effervescing draughts, calomel and opium, and at last a blister to the epigastrium, the vomiting was restrained, and the fever proceeded without any untoward symptom to a favourable crisis, on the 16th day—the sleep became tranquil—the appetite craving—in short, every thing seemed to promise a short convalescence and perfect recovery.

On the night of the 27th ult., the sputa was found tinged with blood, which, on examination, appeared to proceed from the gums, not in such quantity however, as to excite any alarm; on the following day the bleeding increased, until the blood seemed to ooze through the gums, particularly those of the upper jaw, as through a sponge—astringent washes—pressure by pledgets of lint—and even pencilling the bleeding points with solid nitrate of silver were used without effect, at length the actual cautery was applied, and the hæmorrhage stayed, but to re-appear however in a much more alarming form.

During the 29th, the discharges from the bladder and bowels were observed to be deeply tinged with blood; the internal use of acids, which had hitherto been employed from the commencement of the bleed-

ing, was discontinued, and first the acetate and then the muriate of iron given, the hæmorrhage notwithstanding, hourly increased, the acetate of lead in combination with opium, was now used every hour.

30th.—Hæmorrhage unabated—the excreta from the bladder and bowels apparently pure blood—incessant vomiting—so that even a tea-spoonful of fluid is not retained—hiccup—pulse flickering and indistinct—extremities cold—moribund.

RICHARD LONG, M.D.

Arthurstown Dispensary, and Fever Hospital.

#### FRACTURE OF THE ULNA FROM VIOLENT MUSCULAR EFFORT.

TO THE EDITORS OF THE MEDICAL PRESS,

2, Clare-street, Dublin, April 3, 1840.

GENTLEMEN,—I shall feel obliged by your inserting in the MEDICAL PRESS, the following case of fracture which occurred under very unusual circumstances.

I have the honour to be, Gentlemen,

Your obedient servant,

HAMILTON LABATT, A.B., T.C.D.

ROSE CURRAN, aged 18 years, a healthy looking girl, with florid complexion, applied at the Dublin South Eastern Dispensary, on the 9th of last month, for surgical assistance. She stated, that three days previously, whilst in the act of wringing a wet cloth, which she had washed, she felt a sudden pain about two inches and a half above the right carpus, which was succeeded by total inability of motion. On the day of the accident she sought advice, and having been told that it was a *mere sprain*! she contented herself with the use of some ordinary stimulating liniment, until she visited the dispensary.

On examining the limb, the elbow was in a state of flexion—considerable swelling and cedema existed from the wrist upwards—with pain on pressure, particularly at the inner side of the fore-arm, about two inches and a half above the carpus, where a very slight indentation was perceptible—the hand was semi-pronated—the power of rotating the radius totally lost. On grasping the ulna firmly with my left hand, below its middle, and with the right alternately pressing backwards and forwards, the inferior projecting extremity of that bone, which had been dislocated backwards by a similar effort about 12 months before, a very distinct crepitus and motion of the fragments was perceptible about two inches and a half above the inferior extremity, notwithstanding the very great swelling which existed.

Having satisfied myself as to the nature of the accident, I applied the usual apparatus, consisting of two pads and splints for the dorsal and palmar surfaces of the fore-arm and hand—retaining them in their position by means of a properly adjusted bandage, and keeping the hand in a state of abduction, in order to throw outwards the inferior portion of the ulna. The whole was supported by a sling round the neck. Under this management the case proceeded in every respect satisfactorily, requiring very little interference on my part, with the exception of removing and re-adjusting the apparatus on two or three occasions, in consequence of pain and uneasiness felt in the situation of the injury.

On the 2nd of April, (four weeks after the accident) I made my last examination of the limb, and finding that the provisional callus had given sufficient firmness to the parts which lay in a direct line, I dispensed with the splints, merely applying a simple roller and directing the patient to avoid for some time making any undue effort with the limb.



The most important point for consideration in the foregoing case is, the manner in which the accident occurred. We are, of course, aware, that fractures of this, as of the other long bones, are almost invariably produced by direct violence. Indeed, on consulting the different authorities, we shall find that it is a disputed point as to muscular exertion being at all capable of effecting fracture of a long bone, provided it be in a healthy condition. In our case, however, it must be recollected, that a previous abnormal condition of the parts existed, which might have favoured the occurrence of the accident; as it appears from the history, that the lower extremity of the ulna had been dislocated backwards by a similar effort on a former occasion. How far, then, this new position of the bones, by spoiling the inferior radio-ulnar articulation, might have disposed to a snapping across of the ulna on a sudden contraction of the pronator quadratus with other muscles, remains to be determined.

#### NOTES OF A CASE OF HYDROPHOBIA.

BY ROBERT CANE, ESQ.

On the 14th of March, 1840, I was called to see John Langton, a respectable farmer, living at Blanchfield Park, county Kilkenny. I found him in a state of great mental anxiety, being himself perfectly conscious that he was then labouring under "*dog madness*," as he termed it. I was brought to see him contrary to his own desire, and found him exceedingly unwilling to communicate with me, as he said it was out of my power to cure him—that his death was near and inevitable, and that my efforts to save him would be only productive of pain without any good result. He was, therefore, resolved not to submit to medical treatment, in which resolution he determinedly persevered in defiance of all that I or his friends could urge to the contrary.

He was a stout athletic man, aged 48. His arms and legs were secured by ropes to the bedposts, a precaution which he had himself directed, as he said he felt apprehensive that, during the fits, he might do mischief to those about him: actuated by the same motive he lay with his face turned in, lest anything from his mouth might touch them.

Having loosed his limbs, I asked him to turn round in the bed that I might see him—this, he at first refused to do; stating that he was a "revolting sight." I took advantage of the expression to try the effect of a looking glass, which I presented to him, as if to satisfy him that his looks were natural. He looked at it earnestly, but instantly shuddered and besought me to take it away. His countenance was anxious—eyes clear, but expressive of deep mental anxiety; and there was a slight tetanic draw about the mouth and eyelids—the tongue was clean and moist, but much redder than natural, and studded with elevated papillæ—pulse 80, full and firm—skin natural—he complained of no pain, but felt much tenderness when pressed over the epigastrium. As he lay with his hand over his eyes, I blew my breath quietly but steadily across his face, he immediately trembled, and cried out "oh, stop!" I now asked him to take a drink, which, after much entreaty, he consented to do. I brought him some water; he made a strong and determined effort to swallow it, raising himself hastily in the bed and grasping the cup with much energy, rather plunging it than carrying it to his mouth, into which he poured some of it, but was instantly seized with universal spasm, during which the fluid was ejected from the mouth: when the shuddering subsided, he turned to those about him, and said reproachingly—"Why bring a doctor to me; I told you he would torture me and do no good."

The following was the history of his case:—

About seven weeks since, being some time in the latter end of January, he received a stray dog into his farm yard: the animal appeared fretful, which was attributed to his having lost his owner. The dog remained but two days, during which time he bit two of Langton's pigs, his horse, and, finally, Langton himself in two places—one over the tendo-achillis of the right leg, and the other over the abductor pollicis of the left hand. The leg was the part first bitten. The dog, as is customary, was immediately destroyed, and his liver taken out, reduced to ashes, and applied over the wounds, which were perfectly healed up at the expiration of a week. It does not appear that at this time there was any apprehension that the dog was mad; and the measures were adopted under the impression, that when a dog bites a human being, he ought to be destroyed, lest he might at any future period go mad, as it is firmly believed in the country, that the person so bitten will go mad whenever the dog does, but will escape by the destruction of the animal.

Langton continued in good health, during a period of five weeks, about the expiration of which time the two bitten pigs sickened, refused food, became furious, and, finally, fully displaying the disease, had to be destroyed. Langton now, for the first time, felt that there was some pain in the bitten thumb: and that the wound on the leg, which had been quite well for a month, became angry and re-opened. He also perceived a small "boil or pimple" just over the head of the ulna, at the posterior part of the wrist, which felt very painful, and from which a smart pain darted at intervals, up towards the elbow, and, finally, along in the direction of the axilla and head of the humerus. The "pimple" enlarged, and the tenderness and pain from it increased until the morning of the 13th, when feeling ill, he asked for some tea, in attempting to drink which, he was first seized with the hydrophobic spasm.

The wounds inflicted by the dog presented, on the morning of the 14th, the following appearances:—On the leg there was a small transverse sore, an inch long, and a line broad, somewhat elevated above the surrounding parts, and discharging a thick, brownish-yellow matter; around it, for nearly an inch, the integuments had a purple hue. On the thumb the cuticle was raised as from a blistered surface, and underneath, the true skin was of a bright red colour; but there was no breach or matter. The "pimple or boil," as he termed it, on the wrist of the same hand, was not unlike a patch of rupia or ecthyma, from which the scab had been partially broken; it was about the size of a sixpence, and more excavated than rupia generally is; it looked irregular at bottom, and was secreting matter precisely analogous to that on the heel, brown, thick, and gelatinous. It, as well as the seat of both wounds, was exceedingly sensitive to the touch, but he had no pain from the wound in the leg, while he had pain along the arm from the ulcer, on the wrist, and the pain was produced alike whether I pressed on the seat of the wound on the thumb, or on the ulcer at the wrist.

Langton, and those about him, asserted positively that this "pimple or boil" came on simultaneously with the re-appearance of irritation in the wounds, and that the date was not a week back, and that the dog had not touched that part at all. It was situated fully four inches from the wound on the thumb, which was on the palmar side, while it was at the back part of the wrist.

The unfortunate man, declining all assistance, lingered until the following Monday, being about 64 hours from the invasion of spasm, and less than 10 days from the appearance of recrudescence in the



wounds. His horse had to be shot for the disease on the day previous to his own death.

I have been thus far minute, because I deem it a duty to be so, in connexion with the history and symptoms of a disease so rare amongst us, and of which we really know so little. A disease for which Bardsley, in his elaborate essay, asserts, "Almost every remedy has been tried, and every remedy has failed."

There are some points of interest in the case—the different periods occupied by the stage of delirium in the man and in the animals—the pigs sickening together, and nearly a week earlier—the horse nearly at the same time with Langton himself, being about the 40th day—the peculiar and unusual circumstance of the pustule, where there had been no wound; while the wound near it, looking angry, never opened—the pain along the arm evidently connected alike with the seat of the wound and the pustule; while there was no pain in connexion with the wound on the leg, the part first bitten. Then, to the medical historian, the curious transmission of Galen's remedy—the dog's liver—into an obscure Irish rural district, where it appears to have been, from time immemorial, a vulgar nostrum.

The case cannot be said to present any practical fact, yet the disease is one, so involved in obscurity, its pathology so imperfect, that it is only by each noting the little which he sees, that an aggregate of facts may be yet collected, sufficient to shed light where all is now in darkness. I should mention that I was not permitted to see him again, but am informed that he died quietly—having swallowed neither fluid or solid from the period of the first spasm: but, that subsequently to my seeing him, he complained of violent pain, reaching from the epigastrium up to the throat, which he compared as if "a pot of cloths was boiling in his stomach, bubbling and swelling upwards and scalding him incessantly." He retained his senses to the last, and complained that even the mention of food increased the pain in the epigastrium. He had some reaching. The pustule engaged my attention a good deal, and naturally suggests the questions. Was the pustule the result of a transit, and deposit of the poison there? If so, what was its course from the thumb wound? And can it be said, that there is any peculiar eruptive character connected with the disease? Writers on hydrophobia sometimes speak of pimples or vesicles around the wound, but the characters have not been described. It was strange too, that the pain should be from this pustule, rather than from the thumb. Again, this pustule was not in the course of the absorbents from the bite, neither was there in the arm any appearance of inflammatory engagement of the absorbents, indeed the course of the pain was rather that of the cutaneous nerves. I will offer no apology for obtruding this untreated case upon the profession, further than the words of Dr. Fothergill:—"It would, perhaps, at length contribute to remove uncertainty, if those who are applied to on those interesting occasions would consider themselves as obliged by the honor of their profession, and the ties of humanity to note with all possible precision and impartiality, every incident in the progress of this disease, \* \* \* and to give them to the public."

Kilkenny, March 27, 1840.

#### PLEA OF PREGNANCY IN STAY OF EXECUTION.

TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, 24th March, 1840.

GENTLEMEN,—As the columns of the MEDICAL PRESS are open for all subjects calculated to promote the honour and dignity, and to extend the usefulness

of the medical profession, I presume to send for insertion the following hasty, and, I fear, very imperfect observations upon a point of medical jurisprudence, which, in my humble opinion, is of very great importance; and which while ably dealt with, although but lightly touched upon, in a few medical books, has not, I believe, as yet been alluded to at all in the MEDICAL PRESS.

When a woman, convicted of a capital crime, is sentenced to death, and pleads pregnancy in stay of execution; unless it can be proved that she is *quick* with child, the law must take its course, and she must be executed, although she may be *pregnant*. That this is the law, I believe is pretty certain, for so recently as the year 1831, Baron Pennefather, whom all will admit to be a humane judge, and an able lawyer, decided, in Limerick, in the case of Margaret Mackessy, tried for murder and convicted, she having pleaded pregnancy in bar of execution, "*that pregnancy alone, without quickening*, would not be sufficient for staying her execution." This case is given in full at page 190, in the scientific and admirable work of Dr. Evory Kennedy, on *Obstetric Auscultation*, a work which no midwifery practitioner can peruse without delight and advantage, and which will be the means, in my very humble opinion, of saving more lives, than any medical publication that I know of, which has appeared for the last half century. Now, this law appears to me to be a blot, and a disgrace to our statute book. A woman is not considered quick with child, until the 15th or 16th week of her pregnancy—so that, if she be but 13 or 14 weeks gone with child, she is hanged, and thus by the English law, her innocent infant is sacrificed. Can any thing be more revolting to common sense, to medical science, to humanity, and to justice, than such a law? A law founded upon ignorance, because framed at a time when it was falsely supposed the unborn infant did not possess life, until the mother quickened, the law being founded upon that mistaken notion; but now that medical science has happily dispelled for ever the clouds of ignorance existing over this subject, can any man explain why it is that this unchristian law is not repealed? Is there any man who will come forward to defend its policy, or its justice?—if such there be, let us see what he has to say in its defence, and I am sure the MEDICAL PRESS will afford him space for publication.

At one time it was supposed by physiologists, that the male and female foetus were animated at different periods, the former about the 40th, the latter at the 80th day from conception, but the birth of twins of different sexes, and subsequent physiological discoveries completely disprove so great an absurdity. The very fact of there being any doubt at all as to the time the foetus possesses vitality in the womb, renders it necessary, as in any other case of doubt, that men should act at the side of safety and not kill the child, at any period of utero-gestation.

Those who do not admit the necessity of infant baptism, will, at least as members of society, condemn that law which deprives an innocent and unborn infant of temporal life; and they who do admit it, as all Protestants and all Roman Catholics do, will feel a double motive in condemning a law, which causes the destruction of the eternal as well as temporal life of the child. The decisions of divines upon this subject, are founded, not only upon scripture authority, but also upon the opinions and investigations of the ablest physicians, physiologists, and surgeons, both ancient and modern. Both soul and body are necessary to constitute human nature, both must, therefore, co-exist together, the soul is more necessary to the body, than the body is to the soul: all divines admit these points, all theologians agree that the soul is



not created before the body. Dezza, Cordenas, Le Croix, and Jerome Florentinus, *de dubiis hominibus*, all advocate the co-existence of the soul and body at the moment of conception. The scripture makes no distinction between *birth* and *conception*, the word *natum* in the Latin vulgate applying equally to both, as appears from the 1st chapter of Mathew, verse 20, "what is born of her is of the Holy Ghost"—in the 3d chapter of John, verse 5, (see Latin vulgate) it is said "unless a person is born again of water, &c.," now, an infant is a person, therefore an infant without baptism cannot enter the kingdom of God. The Apostles baptised whole families, therefore they baptised infants, therefore the Apostles thought it necessary.

What difference is there between the crime of him who prevents a child from being born, and that of him who after its birth, deprives it of existence? In my opinion, the sentence of death should not ever be announced to a pregnant woman, lest abortion might be the consequence. If it be announced to her, and that she is respited until after her confinement, let it be remembered, that the ends of justice are not frustrated, for her execution then, will meet the demands of society, without the cruel, unjust, and unnecessary sacrifice of her child.

As to the present system of deciding the abstruse and difficult point of pregnancy by a jury of matrons, this is not only absurd, but highly dangerous, not alone as regards the prisoner, but also the ends of justice. It is well known that such a jury is perfectly incompetent to decide the fact, they are chosen often from a class of persons illiterate and inexperienced, unmarried females are frequently sworn amongst them, knowing nothing whatever of the subject or of its difficulties, their decisions being often at variance with palpable facts, and the point they have to decide requiring all the light that experience and science can shed upon it, to enable any one to come to a correct judgment upon the question.

To a consultation of competent medical men, the decision of such a case, should evidently be confided, for in cases such as this, as Dr. Maunsell has so ably proved, regarding the Medical Profession, it can be of perhaps more benefit to the public weal, than in the treatment of the manifold diseases "that flesh is heir to."

The law of most enlightened nations, both ancient and modern, never condemns a woman to be executed until after her delivery, the period of quickening was never fixed upon by them, as the time for respiting her, her pregnancy alone was sufficient. Egypt, also France and Rome, in common with other European nations always held out the hand of mercy to a pregnant woman; is it to be said that England alone will form an exception? She may love justice well, but she ought to love mercy better. It is a strange anomaly of the British law of real property, that a child from the moment of conception can take an estate, and yet be deprived of life in fourteen weeks afterwards, for the crime of its mother.

These desultory and very imperfect observations are humbly thrown out by me, in the ardent hope that abler hands will take up this most important question. I would, with great deference, suggest it be taken into consideration by the Medical Association of Ireland, and placed in a proper point of view by them before the Imperial Parliament, so humble an individual as I am can do little more than give a hint upon this most interesting subject, and to others more competent belongs the task of procuring a repeal of this cruel enactment; and in my opinion, the man who in any way contributes to so desirable a result, has not lived in vain.—Your obedient humble servant,

SIMON ENRIGHT, L.R.C.S.I.

## PARISIAN HOSPITALS.

WE have made such arrangements as will enable us for the future to transfer to our pages, from time to time, reports of clinical and other lectures, delivered by distinguished teachers of medicine in the French metropolis. The means of obtaining a knowledge of the state of medical science, and of the manner in which medical education is practically carried on in foreign countries, without the expence and trouble of a protracted absence from home, has long been a desideratum with the mass of British practitioners. This we hope now to be able, in a great degree, to supply—and having procured the assistance of a gentleman, whose familiarity with Foreign Medical Practice and Literature, eminently qualify him for the task, we can promise, with some confidence, to afford the readers of the *PRESS* an opportunity of judging for themselves as to whether or not "they do these things, better in France."

HOTEL DIEU.—CLINIQUE OF M. CHOMEL.

### *Œdema of the Upper Half of the Trunk, with Emaciation of the Inferior Extremities.*

There is a patient in the Salle St. Louis, admitted 14th February, who affords an example of an extremely curious pathological fact, the diagnosis of which is attended with much difficulty.

About two months since, the patient, a hatter, aged 45, and of good constitution, became suddenly affected with œdema of the face, which was unattended with pain or other inconvenience, so that he was first made aware of its existence by his fellow-workmen. The œdema increased rapidly, and two days after its appearance, he was attacked with a catarrhal affection, accompanied with cough and mucous expectoration. It would also seem that pneumonia subsequently occurred, indicated by pain and bloody sputa, which yielded to general bleeding and leeching. The œdema made progressive and rapid advances, engaging the neck, thorax, and superior extremities. The lymphatic glands of the neck also became enlarged. The patient finding no relief from the means employed, at length was admitted to the Hotel Dieu.

15th February.—The integuments of the face, neck, thorax, and upper extremities are considerably œdematous—the abdomen, and lower extremities, so far from participating in the affection, being, on the contrary, emaciated.

When but one part of the body is œdematous, some organic lesion, obstructing the venous and lymphatic circulation exists in some region above that part, or in the visceral cavity above it. For example, if one of the inferior extremities is œdematous, the physical cause of the affection is situated in the corresponding groin, or iliac fossa.

In this patient the œdema engages the whole of the superior part of the trunk—the interior of the mouth even participates in the tumefaction, the uvula being swollen—we must thence conclude that there exists some obstruction to circulation in the vena cava superior. The veins on the anterior surface of the thorax are enlarged, and a varicose enlargement of superficial veins always indicates some obstruction to the venous circulation.

In this case, what is the cause of the impeded circulation? The symptoms lead to the suspicion that some tumour compresses the vena cava. A contraction or atrophy of that vein would not produce the



symptoms we witness, for deglutition is difficult—liquids even are swallowed slowly and with difficulty; and there is considerable dyspnoea.

On auscultation, the respiratory sound is found feebler on the right than on the left side—below the sternum at the right side, respiration is obscurer than at the left side. Above the sternum there is a dry tracheal sound, which may result from pressure on the trachea by the tumour, from which cause, also, may arise the dry cough under which the patient labours.

The patient is obliged to assume certain determined positions, a circumstance of great importance, often even diagnostic in such cases. When erect he must incline his head forward—when horizontal, he cannot lie on the back, but lies on either side indifferently; but in so doing he assumes one constant and invariable position, in which his breathing is less embarrassed. This peculiar invariable position is a tolerably characteristic sign of a tumour compressing the trachea, the patient assuming the posture in which the trachea is least compressed. Thus we have every reason to suppose that there is a tumour in the thorax, situate behind the sternum, and compressing the trachea, the vena cava superior, and lymphatic vessels, and causing the oedema of the upper part of the trunk. But what is the nature of this tumour? The state of the glands of the neck might lead to the supposition that the bronchial glands were similarly enlarged. But their tumefaction could not produce the symptoms in question—and further, it clearly appears that the oedema of the face appeared suddenly, without the slightest premonitory symptoms, and it cannot be admitted that the bronchial glands became suddenly enlarged to any great extent.

As the oedema occurred almost instantaneously, it would seem necessary that the compression of the vena cava, occurred rapidly. An aneurismal tumour is the only tumour that can form very rapidly, and again in the vast majority of cases where a tumour exists within the thorax such tumour is aneurismal; but then none of the ordinary symptoms of aortic aneurism exist in this case. On pressing the fingers above the sternum, a pulsation is felt, not, however, to a greater extent than is natural. There is no difference in the pulsation at either wrist, which is, however, to be here expected, the tumour being central; and the patient has never felt numbness in either arm, an additional evidence that the tumour occupies the median line—the pulsations of the heart are dull and obscure; nowhere can we hear a single sound such as is stated to exist in aneurism of the aorta. Contrary to the opinion of Laennec, we have observed that this single sound exists very rarely, and whenever the aneurismal tumour is in contact with the heart, it receives and transmits the double pulsation. At no part of the thorax is there any projection or thinning of its parietes; however, aneurisms of the aorta, by no means always shew themselves externally, in which cases, too, they usually cause much more serious and distressing symptoms.

The prognosis in this case is most serious. Aneurisms of the aorta are always considered incurable: there are, however, exceptional cases that have terminated in cure, for such a result, however, the tumour must exist under quite peculiar circumstances. If the communication between the tumour and the artery be very narrow, the coagulation of the blood may produce a cure, as has been sometimes observed; but such cases are rare in the extreme.

The treatment of this case consists in venesection repeated as often as may be, on the method of Valsalva. A point of practice, very useful in these cases, is to cause the patient to faint after bleeding, so as to place

the blood, filling the tumour, in favourable circumstances for coagulation. This method, however, should not be adopted too exclusively, for then the blood, becoming too fluid, cannot coagulate, and a cure becomes impossible.

In this case we have no hope that our treatment will prove effectual: we shall, however, adopt it with moderation, for the employment of the method of Valsalva, requires great courage on the part both of the patient and of the physician.

During the short time the patient lived after his admission to hospital, the oedema, at intervals, augmented, and on each occasion suddenly. Thus on the night of February the 18th, there was a sudden swelling of the neck, of which the patient was sensible, and which was followed by great oppression; next day the augmentation of volume was obvious, and the neck being more voluminous than the head, produced a strange deformity.

The swollen parts were elastic, and did not pit on pressure, as in ordinary oedema, so that the swelling seemed to result from tumefaction of the lymphatic vessels, rather than from serous infiltration.

The successive sudden increments of tumefaction seemed to confirm the surmise of the existence of an aneurism, whose sudden dilatation arising from rupture of some of its membranous parietes, might cause a suddenly augmented compression on the veins and lymphatic vessels.

This supposition, too, accounted for the difficulty of swallowing even liquids. The ingestion of solids was impossible. The food, however carefully masticated, was arrested at a certain part of the oesophagus, and, on one occasion, when the patient made an effort to overcome this obstruction, the aliment becoming impacted in the contracted portion of the oesophagus, was rejected after efforts which threatened suffocation.

The compression of the trachea caused great embarrassment of breathing, and the obstruction to expiration caused a remarkable modification in the mechanism of expectoration. When the sputa had, with much difficulty, arrived in the mouth, the column of air not being freely expired, could exert little influence on their expulsion, and they were only rejected by the efforts of the muscles of the velum, palate, and cheeks. The patient died 6th March.

*Examination after death.*—In the thorax behind the sternum was situated a firm compact, ovoid cancerous tumour, being seven inches and a half in length, five in breadth, and as many in thickness. The superior vena cava was engaged in this tumour, compressed by it, and much diminished in calibre. The trachea and oesophagus were also compressed. The pericardium, in many situations, shewed cancerous degeneration. The heart, augmented in volume, also presented some indurated cancerous points on its surface.

HOTEL DIEU.—M. BLANDIN.

*Epidemic Erysipelas and Phlebitis. M. Blandin's treatment of the former.*

The existing atmospheric constitution has filled our wards with cases of erysipelas; whether it is, that its occurrence has been favoured by some antecedent external cause, or that the constitutions of the individuals have facilitated its development.

It is worthy of remark, that this tendency to erysipelas is joined with a similar tendency to phlebitis, consecutive on venesection, several examples of which are now in our wards. On this head, then we would warn you in performing phlebotomy, to observe all the precautions calculated to prevent the supervention



of phlebitis. For this end, prefer an oblique section of the vein, which admits co-aptation of the edges of the wound better than a transverse one; by preventing the lips of the wound in the vein gaping, we render inflammation of the vein much less likely to occur. The better to attain this end, close the wound with adhesive plaster; and finally, which is the most important point, have the arm flexed, and kept applied to the side perfectly motionless.

We have just said that phlebitis and erysipelas co-exist epidemically. We attach much importance to this co-existence; for the two affections are extremely analogous, and moreover, the coincidence strengthens the statements, which we have on other occasions made respecting the anatomical characters of erysipelas. In fact, what can be more analogous than the structure of the veins and lymphatic vessels? We have already on former occasions shewn, that in simple erysipelas there are two perfectly distinct elements participating in the inflammation; on the one hand, inflammation of the skin, (cutitis,) on the other, inflammation of the lymphatic vessels, (lymphitis or angio-leucitis.)

It is by studying the anatomical characters of erysipelas, from having ascertained the knowledge of the inevitable participation of the lymphatics in the inflammation, that we have been enabled to improve the application of a method already used, viz.:—Leeches, a method, however, which has yielded us vastly better results since we have learned the exact place to which they should be applied.

We shall not repeat what we have said on former occasions respecting the mode, in which erysipelas propagates itself from its original seat; we shall merely remind you that the lymphatics, whether already actually inflamed, or about to be so, are the most powerful agents in the extension of erysipelas, and hence, you can readily understand the importance of the precept, that in this affection, leeches should be applied over the lymphatic glands, in which the lymphatics emanating from the part actually affected terminate. Let us now pass in rapid review, the patients affected with erysipelas, and the treatment they were subjected to.

No. 23. *Salle Saint Jean*.—Mammary abscess—erysipelas round the orifice of the abscess—tumefaction of the lymphatic glands of the axilla. Leeches applied over those ganglions did produce their beneficial effects, though not so rapidly as usual.

No. 32. *Salle Saint Jean*.—Spontaneous erysipelas of the face—a bad case—frequent vomiting—great constitutional disturbance. Erysipelas of the face has, as is well known, a great tendency to spread to the hairy scalp—but confident in our method of treatment, we predicted from the commencement, that such would not occur in this case, and our prediction has been borne out. Leeches were carefully applied over the sub-maxillary ganglions; the erysipelas subsequently shewing some disposition to extend towards the temple, some leeches were applied at that part, and its progress was arrested.

No. 36. *Salle Saint Jean*.—Slight wound on the dorsum of the foot. Two applications of leeches to the glands of the groin dissipated the erysipelas, remote as was the site of their application from the seat of disease.

No. 38. *Salle Saint Jean*.—With this patient we have been less successful. This woman underwent amputation of the breast, and erysipelas attacked the wound; at first it seemed so mild, that we entertained hopes it would signify but little, indeed the affection was rather simple erythema than erysipelas, properly so called, we consequently limited the treatment to simple inunction of some fatty matter. We were soon however, undeceived, and the erysipelas soon

extended to the axilla. Leeches were then applied above the clavicle, as they could not be applied to the axilla, the wound inflicted during the operation extending to that region, from which some enlarged glands had been also removed. The erysipelas which had extended towards the abdomen, back and upper extremity was now soon arrested, though more slowly than in the preceding cases, in consequence no doubt of our having so long delayed to remove the obstruction in the lymphatic circulation.

No. 2. *Salle Saint Agnes*.—In this man erysipelas appeared round the wound incident on the opening of an abscess. Fifteen leeches were applied according to our method with immediate good effect.

No. 32. *Salle Saint Agnes*.—We removed the thumb and first metacarpal bone from this man. Erysipelas attacked the wound. There were red streaks on the fore-arm and arm, extending to the axilla, which were in fact inflamed lymphatic vessels, leeches were applied to the lymphatic glands of the axilla, as also to the internal aspect of the arm. The erysipelas did not ascend above the middle of the fore-arm, but a second erysipelas developed itself round some of the leech bites on the inner side of the arm, and along the lymphatic vessels. This erysipelas was to a certain extent traumatic, as well as the former; be that as it may, however, this second attack proved obstinate, for the patient was debilitated, and further, the subcutaneous cellular tissue became inflamed, whence arose symptoms that threatened sphacelus of the limb, we then adopted the treatment suited for aggravated phlegmonous erysipelas, and instead of re-applying leeches to the axilla, made several extensive incisions.

No. 34., *Salle Saint Agnes*.—Erysipelas followed the extirpation of a small tumor from the thigh, leeches were applied to the glands in the groin, and the patient is now convalescent.

*Conclusions*.—Our treatment then, in all the cases produced amelioration followed by a rapid cure, save in No. 32. *Salle Saint Agnes*, in whom the second erysipelas became phlegmonous, and in the female, No. 38. *Salle Saint Jean*, in whom the erysipelas commenced as a mild erythema, in consequence of which we delayed the application of the leeches.

It must be recollected that when erysipelas occurs under the influence of an epidemic constitution of the atmosphere, it may become renewed so long as such atmospheric constitution exists, and also an erysipelas in progress of cure, may under its influence become renewed. Thence, perhaps we may explain why epidemic or endemic erysipelas does not yield so readily as sporadic erysipelas.—*Gazette des Medecins Praticiens*.—*Gazette des Hopitaux de Paris*.

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TO THE EDITORS OF THE MEDICAL PRESS.

York-street, April 3, 1840.

GENTLEMEN,—In the last number of your Journal there appeared a letter from Dr. O'Beirne, in which I have been prominently introduced and complained of, as having stated some circumstances at the Surgical Society, tending to despoil him of part of the merit of originality in using mercury in the treatment of diseases of the joints. Your report of the proceedings of the society, in the case alluded to, was perfectly correct. I stated that I had in my possession notes taken from a clinical lecture delivered by Professor Colles, in Steevens's Hospital, on a case of acute synovitis of the knee-joint, in which he had administered mercury, many years before Dr. O'Beirne's views were made public; and that I had myself seen the case the subject of his observations. Both of these assertions I am prepared to substantiate—the



first, by the production of the notes alluded to—the second, by the evidence of my having written them with my own hand, in the hospital. I regret exceedingly being thus a second time brought into a controversy with my respected friend, Dr. O'Beirne. My observations were altogether addressed to the case read by Dr. Bellingham, which was one of acute synovitis; and in speaking of that affection I was not conscious of having detracted aught from Dr. O'Beirne's claim to originality in the administration of mercury for the cure of ulceration of the cartilages of joints, respecting which, almost exclusively, his writings treat.

I have the honour to be,  
Gentlemen,  
Your obedient humble servant,  
JOHN HOUSTON, M.D.

#### BOOKS RECEIVED.

*Illustrations of Osteology.* By Theodore S. G. Boisragon, M.D. No. 2. 2 lithographic plates. London. 1839.

*A series of Anatomical Sketches and Diagrams, with Descriptions and References.* By Thomas Wormald and A. M. McWhinnie. No. 3. 4 lithographic plates. London. 1840.

*The British and Foreign Quarterly Review*, for January, 1840.

*The British and Foreign Medical Review*, for April, 1840.

*An Atlas of Plates, illustrative of the principles and practice of Obstetric Medicine, and Surgery, with descriptive letter press.* By F. H. Ramsbotham, M.D. Nos. 1, 2, 3, 4. London. 1840.

#### TO CORRESPONDENTS.

*Communications received from Drs. Murphy, (Gaulty Lodge,) Long, (Arthurstown,) Mitchell, (Strabane,) Sharkey, (Berehaven,) Motherell, (Castlederg,) Jagoe, (Ballineen,) Corbett, (Innishannon,) O'Rourke, (Enniscorthy,) Gore, (Limerick.)*

*It will save our friends and ourselves some trouble, if they will recollect that we pay no attention whatsoever to anonymous communications.*

*The letter of Sir P. Crampton to Dr. O'Beirne, with the reply of the latter, shall appear in our next.*

#### TO SUBSCRIBERS.

*Gentlemen in arrear are respectfully requested to forward their subscriptions.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 8, 1840.

### SPREAD OF FEVER THROUGHOUT THE COUNTRY—THE VAGRANCY BILL.

We regret to be obliged to state, that very unfavorable accounts of the public health have reached us from many parts of Ireland. An epidemic fever, of a bad type is prevalent in several districts, and in proof of its severity, we have melancholy evidence in the mortality which has lately occurred among our provincial brethren. We are, ourselves, aware of no less than eight deaths of medical practitioners, from fever, during the last two months: all the sufferers being healthy men in the prime of life, and most of them we believe, officers of medical charities.

Some exertion in the matter is, now, urgently required, and we shall feel much obliged if our readers

will convey to us, as early as possible, any information they may possess, as to the existence, extent, and mortality of the disease in their several districts, and also, as to the state of the poor with respect to food, fuel, &c. Brief reports upon these subjects will be thankfully received and acknowledged, and if promptly given, may enable us to serve the poor, and probably to lighten those labours, which, in such seasons never fail to press heavily upon the profession.

The following is Dr. Kingsley's report of the state of the Roscrea Fever Hospital, on the 1st of the present month; such concise information could be readily furnished by the officers of every medical charity in Ireland:—

"There are 59 patients in the fever hospital, the expenditure of which is unusually great, as we are obliged to purchase an outfit of bedding, blankets, sheets, coverlets, &c., for every patient admitted over 25, being the highest number we were prepared to receive upon the first outbreak of the present malignant epidemic fever.

"The subscriptions to meet these extraordinary expenses only amount to £166 19s. 8d.

"The attendance of patients at the dispensary on each day that it is open for them, amounts to about 238, or over 700 per week, and to supply them with medicines we have but a subscription of £12 11s. 1d."

In connection with this subject, there are two matters to which we are desirous of calling the serious attention of the government and the public. The first of these is the absolute necessity of throwing overboard all theories, and taking immediate measures for extending *out door* relief in the shape of medical aid, food, and fuel, to such of the poor as at the present crisis may be found destitute. More than three months since,\* one of the Editors of this Journal, solemnly warned his fellow-citizens of the approach of the pestilence which is now amongst them, and having shewn the insufficiency of the means of staying it, provided by existing laws, pointed out the extraordinary measures which circumstances appeared to him to require. The warning was subsequently repeated by Mr. Francis White, whose experience upon such matters ought to have added considerable weight to his opinions, and within the last fortnight, we find a numerous meeting of the inhabitants of Waterford petitioning Parliament for 'a short act' to legalize such *out-door* relief as we have above declared to be, in our opinion, the only means, under Providence, of alleviating the calamity now impending over the land.

Feelings of humanity towards our poorer fellow-countrymen; regard for the lives of ourselves and our friends; nay, even the lower motive of a prudent economy, all alike demand that these warnings should not be allowed to pass unheeded. If the epidemic be once established among the population, ten times the sum which would now be sufficient to check, or at least to moderate its course will be lavished in vain attempts at its removal. Let no theory then interfere in this awfully real crisis. Let no rhodomontade as to the 'moral influence' of poor-law commissioners be opposed to the facts of Dr. Kingsley's report. Voluntary subscriptions will not, in this pauperised country cannot, supply the necessary aid; yet if it be not supplied, and that promptly and efficiently, there can be little doubt that the events of the ensuing summer and autumn, will rival in horrors, the calamitous occurrences of the years 1818—19, and plunge the kingdom into misery and debt.

The second matter to which we wish to refer is

\* See Letter to Lord Morpeth, by Dr. Maunsell, in *Saunders' Newsletter* of December 21, 1839.



one upon which we entertain opinions different from those of many of our contemporaries—we allude to an enactment for the suppression of vagrancy and mendicancy. Most of the journals of the day have joined in condemning the bill, for this purpose, recently brought before parliament by Lord Morpeth; but, without pronouncing an opinion upon the expediency of all the provisions of that measure, we must say that the outcry against it appears to us to be far from well founded. Without a vagrancy act, we cannot but think that the present poor-law can only act as a direct encouragement to idleness and mendicancy. By it, indeed, the industrious peasant is not given a right to support when his honest endeavours to provide for himself have failed; but, on the other hand, one hundred caravanserais are provided throughout the country, to which the idle vagrant can retreat whenever his occupation of mendicancy becomes distasteful or inconvenient, and from which he can issue with renewed vigour the moment its restrictions are found irksome. It is vain to make rules with the view of preventing the workhouses from being thus abused—no local rules can possibly be efficient for that purpose, in a country, where to give alms, is a part of the religion of the population, and where no law of settlement interferes with the migration of the pauper. The incorrigible beggar who gets wearied of the workhouse regulations at Cork, has only to journey, by easy stages, to Clonmel, and there, if he cannot “take his ease in his inn,” he may, at all events, rest from his fatigues at the public expense, until his vagrant disposition again prompts him to take the road and saunter onwards to Kilkenny. No one, who is acquainted with Ireland, will suppose, for a moment, that such an individual can be at any loss during his ramblings—every peasant will learn that relief cannot be claimed as a right, and every peasant’s cabin will be open to the impostor who asks, for God’s sake, for that shelter which he affirms to have been denied him by the hard-hearted rulers of the workhouse.

That such will be the working of the present system, does not require any future experience to prove—the experiment of optional relief and the workhouse test, has been already tried in Ireland, (a circumstance strangely overlooked,) and has utterly failed from the want of an available vagrancy act. So early as the year 1703, an act was passed “for erecting a *workhouse* in the city of Dublin, for employing and maintaining the poor thereof;” and at several periods subsequently, especially in 1772, other enactments were adopted for providing corporations for a like purpose, in every county, county of a city, and county of a town in Ireland. These statutes were similar to the present poor-law, in so far as they gave no right to relief, and as will be the case with it, they neither prevented vagrancy, nor raised the moral condition of the peasantry, by securing to them that sort of property which the inalienable right to be saved from starvation confers upon the English peasant, thus binding up his interests with those of his country. Wanting the elements of stability, the workhouses of 1772 became mere patronage jobs; and so must those of 1840, unless, upon the one hand, the destitute pauper be given a right to relief, and, upon the other, the sturdy beggar be prevented from imposing upon those whose religious feelings, and long practised habits of charity, will submit as willing dupes to his arts.

There is another point of view in which the toleration of vagrancy may be looked upon, which, at the present crisis, especially requires to be examined. There can be no doubt that in all seasons of epidemic in Ireland, the spread of disease has been much facilitated by the numbers of strolling mendicants existing throughout the country. The stoutest anti-conta-

gionist who reads the report of Drs. Barker and Cheyne on the fever of 1817–18 and 19, can scarcely deny the truth of this fact, and we shall not now waste time in its proof. It furnishes an additional and most cogent reason for the speedy enactment of a law for the suppression of vagrancy and mendicancy; and while we should be sorry to see Lord Morpeth’s bill passed into law without some modification of its provisions, we must repeat that its principle meets our approval, and we should regret much were the present clamour to induce his lordship to withdraw it.

#### DIPLOMA AND CERTIFICATE TRADE.

A printed notice to the following effect has been put into our hands, and we give it to our readers as a valuable commentary on the system which flourishes under the very patronage of an education-improving government, and the toleration of a *soi-disant* reforming legislature.

#### “NOTICE.

“Gentlemen wishing to pass their examination before August, can, by placing themselves under Doctor \_\_\_\_\_’s instructions avail themselves of that opportunity; as Dr. \_\_\_\_\_ engages to *pass* any gentleman before that time, *no matter how limited his professional knowledge may be*, provided he enters with him previous to the termination of the present session, *and has the necessary certificates*. None of his pupils having ever been rejected either in Dublin or London, he here distinctly states, that he will refund any gentleman his money, should he be rejected.”

In mercy to the author of so disgraceful an announcement, we suppress his name, with the hope that he will use every effort to prevent the circulation of such a proof of his want of respect, both of himself and the place he occupies. The document has nevertheless its value, it is nothing but a foolish and imprudent disclosure of what can no longer be concealed, and conclusive evidence of the state of utter disorganization, into which the medical institutions have fallen. This is not the only operator who engages “to pass any gentleman, no matter how limited his professional knowledge,” there are abundance of them in all the schools of medicine and surgery in the three kingdoms; and it is notorious, that without their aid, no student, however well informed, can venture to face the ridiculously constituted courts of examiners of the different Colleges. What are we to think of those who are using their influence to uphold such a state of things as this, and resorting to every contrivance both publicly and privately to prevent a reform of it?—what of the unblushing effrontery of those who do not hesitate to defend and advocate a system leading to such results?

#### CHARGES AND SERVICES OF REVISING BARRISTERS.

UNDER this head we have an article in the last *Spectator*, containing, amongst other querulous paragraphs, the following:—

“We are not aware of any check on the charges of the revising barristers, save that which their own legal consciences may suggest; and these consciences are of various calibres. The two revising barristers who revised the lists of Anglesea and Merionethshire, with the boroughs in those counties, managed to consume thirty days in the performance of their duty, and not only charged *five guineas a day, but four pounds each for their daily expenses*.” And much good may it do them, say we, the labourer is worthy of his hire, and his hire is whatever he can insist on. When the commissioners of poor-law inquiry were sitting, they despatched a party of revising Doctors to peregrinate the country, with a be-puffed and be-knighted candidate for medical office at its head, and a precocious aspirant to similar honours at its tail,



awarding them the munificent remuneration of fifteen shillings a day, and assigning to them the very dignified duty of detecting peculating pigs, and denouncing what they were pleased to suppose, illicit dealings in milk and potatoes. Why this difference in amount of remuneration? Why nine guineas a day to the followers of Justinian, and fifteen shillings a day to the pupil of Galen? Just because the lawyers have so much to do in making and executing the laws, and because they have the spirit and independence to use the power they possess for the protection of their brethren, and maintaining the honour and welfare of the profession to which they belong. Again, the revising barrister has nine guineas a day, because he has to settle whether Sir Somebody Something is "*to be returned*" for the Whigs, or Sir Something Somebody for the Tories—far more important considerations than inquiring how some millions of ragged peasants, or unwashed mechanics are to be saved from the ravages of cholera, small-pox, or typhus. Why are not the revising barristers sent to plead for payment to a council of clod-pate rate payers at presentment sessions, or to prostrate themselves before two dozen of frowning squires in a grand-jury room? Again—just because they will not submit to degradation—because they fear not to use the influence they enjoy, for mutual support—unlike medical men, who dare not even register a freehold to entitle them to vote for a representative, lest they should chance to offend some one in power. But it is all right—quite as it should be—let us keep quiet, and wait a while, and time will cure all evils. Above all things, let us eschew medical agitators, at least until smooth Dr. Plausible clinches the bargain for a surgery for his wise brother in the hospital in which he himself talks lofty nonsense, by right of inheritance: or until he wheedles certain son-preferring electors into securing him the reversion of that professorship to which he is so obviously heir apparent. Let us, at all events, have no disturbance of present repose, until all the pretty jobs at present on the anvil are successfully consummated.

#### PETITIONS TO PARLIAMENT.

WE have printed in our last page the names of those gentlemen who have signed the petition for support and protection for the medical charities, lately forwarded to Lord Morpeth from the County of Tipperary, and the King's and Queen's Counties. We have done so to shew what can be done by the zeal and activity of an individual, and as a gratifying proof of the commencement of union among all classes of the profession. There are no less than seventy-eight signatures affixed to the petition alluded to, including the most respectable physicians, surgeons, and apothecaries in that part of the country; and these have been obtained within a very few days through the indefatigable exertions of that devoted friend of the profession and the poor, Dr. Kingsley, of Roscrea. We trust the example may not be lost upon our brethren throughout the kingdom.

#### POOR-LAW INTELLIGENCE.

##### HOUSE OF COMMONS.—MARCH 31.

Lord J. Russell gave notice that on Thursday next he would move for leave to bring in two bills for continuing and amending the laws relating to the poor.

**OUT-RELIEF.**—The guardians of the Walden Union, Essex, have petitioned the House of Commons against the order of the commissioners—that no able-bodied pauper or his family shall be relieved out of the workhouse, except in case of sudden or urgent necessity or sickness, the petitioners having found by experience, that this order, as interpreted by the

commissioners, is productive of great inconvenience and injustice.

**ASSISTANT-COMMISSIONERS.**—The Pershore board of guardians have petitioned the legislature for abolishing or reducing the appointments of assistant-commissioners.—*Herts Reformer*.

**RATING STOCK IN TRADE.**—The vestry of White-chapel have agreed to petition the legislature on this subject. They state that the rating of stock in trade is a most partial and objectionable mode of taxation; that it imposes on parochial officers duties at once inquisitorial and arbitrary; and, therefore, it is impracticable.

[It has been recently decided by the English Court of Queen's Bench, in the case of *Reg. v. Lumsdaine*, that stock in trade is rateable.]

#### MEDICAL INTELLIGENCE.

##### HOUSE OF LORDS—FRIDAY, APRIL 3.

Mr. F. FRENCH presented a petition from Mr. Roberts, calling the attention of the House to his discovery of an antiseptic process for preventing the decomposition of human bodies, and praying for inquiry. The Honourable Member moved that the petition be printed with the votes, and gave notice that on the 9th instant he would move the appointment of a select committee to inquire into the allegations of the petition.

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 2, 1840.—Council met.

Resolved that 2,000 copies of the "objects of the Association" be printed for circulation.

A letter from Dr. Jagoe of Ballineen was read, from which it appeared that that gentleman was summoned as a crown witness at the late assizes of Cork, and having been detained in that city for eight days, at considerable loss of money and inconvenience, was awarded, for travelling expenses and loss of time, the sum of £4 4s. only. The council adjourned the consideration of this case, until to-morrow, Friday.

FRIDAY, APRIL 3.

The consideration of Dr. Jagoe's letter, having been resumed, it was resolved—

That the President, and a deputation from the Council should wait upon Mr. Drummond, for the purpose of laying the circumstances of the case before government, pressing the necessity of some redress being afforded, in such matters, to the profession.

#### BRITISH MEDICAL ASSOCIATION, EXETER HALL.

MEETING OF COUNCIL, MARCH 30, 1840.

Dr. WEBSTER in the Chair.

Letters were received from Lord Denman and Sir J. C. Hobhouse, M.P., on receiving the Petition of the Nottingham branch for presentation in the Houses of Lords and Commons. From Mr. Watts, of Frampton-on-Severn, and Mr. Marten, of Shoreham, on the operations of the New Poor-Law Amendment Act. From Mr. J. P. Glen, Secretary to the Glasgow Medical Association, wherein it was stated that that Association had presented a Petition to the House of Commons, and a Memorial to the Home Secretary; the prayer of the former being "For the Union of the whole Profession into one representative Body, with a responsible and uniform system of Medical Government." The Council then adjourned.

HALF-YEARLY GENERAL MEETING.

Dr. WEBSTER, President in the Chair.

The President informed the meeting of his correspondence on behalf of the Council (*Lancet*, March 14.) He adverted to the frightful progress of quackery, and the difficulties met with at every turn of investigation; and to the system of medical clubs and the



attempt to foist on the middle classes the un-English "Sanatorium," which might be beneficial to a very few, but would be injurious to the majority. He congratulated the meeting on the accession of members, and the prosperity of the association since its last meeting, but had to deplore the death of two of its members, one of whom held a seat in the Council, and had ever been a steady supporter of the objects of the Association.

In the course of the evening the following resolutions were proposed and seconded by various gentlemen, and agreed to; the two former affecting the laws and regulations of the Association:—

1. That the law (sect. viii. chap. 5.) limiting the election of the President to two successive years, be rescinded.

Dr. Webster having left the chair, it was taken by R. Davidson, Esq., V.P.

2. That if any member of the Council be absent from six of its ordinary meetings, without assigning sufficient reason, the Council shall have the power (after the Secretary has given notice to such absentee) of declaring, and filling up the vacancy, in the same manner as if it had occurred by death or resignation.

3. That Dr. M. Hall be appointed to deliver the Annual Oration at the ensuing anniversary.

4. That the members of the Profession in every town, village, and neighbourhood, be respectfully but earnestly requested to depute one of their members to forward to the Council of the British Medical Association (addressed to the Secretary at Exeter Hall, Strand,) an account,—

1st, Of the number of regular practitioners in the locality,—if possible, with a statement of their titles and qualifications.

2nd, Of the number of illegal or irregular practitioners and quacks in the same locality.

3rd, Of the number of dispensing chemists and druggists similarly resident.

5. That as it is highly important at the present time to watch the proceedings of the Poor-Law Authorities, and the Boards of Guardians, with respect to the administration of Medical relief, the Poor-Law Committee of the Council be especially requested to take such steps as may seem to them necessary for bringing the question, if possible, to a speedy and satisfactory adjustment.

6. That Robert Davidson, Esq., be elected a Trustee of the Benevolent Fund, in the room of George Parsons, Esq., deceased.—*Lancet*.

The following signatures have been affixed to the Petition of the Physicians, Surgeons, and Apothecaries, resident and practising in the County of Tipperary, and King's and Queen's Counties in Ireland: [For the Petition, see *MEDICAL PRESS*, No. 63, page 197, No. II.]

ROSCREA.—Richard Dancer, M.D., Bourney dispensary; William Kingsley, L.R.C.S.I., fever hospital and dispensary, Roscrea; H. Powell, M.R.C.S.L., do. do.; C. Spain, M.D., and surgeon; W. H. N. Downer, Licentiate apothecary; Thomas Talbot, M.R.C.S.L.

NENAGH.—O'Neill Quin, M.D., fever hospital; James Dempster, M.D., ditto; Richard Kennedy, M.D., ditto; Patrick Glissan, M.D., ditto; Charles Langley; Licentiate of the Royal College of Surgeons in Ireland, dispensary; J. Finucane, M.R.C.S.L.; John Kittson, M.D., Daniel Tracey, apothecary; Timothy O'Brien, M.D.

PARSONSTOWN.—John Waters, M.D., L.R.C.S.I., fever hospital and dispensary; Thomas Woods, M.D., do.; John Wm. Usher, apothecary; Christopher Sharpe, apothecary; J. Keenan, M.R.C.S.L.; T. W. Baker, M.D., L.R.C.S.I., Lorrha dispensary; John Tynan, apothecary. BORRIS-O'-LEIGH.—George W. Pinchin, M.R.C.S.L., dispensary.

THURLES.—George Bradshaw, surgeon; P. Ryan,

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CASTLECOMER.—Samuel Edge, M.D., and surgeon, Newtown dispensary; E. N. Bolton, M.D., Ballickmoyler dispensary; Charles E. Rosse, M.D., fever hospital and dispensary, Castlecomer; George Carpenter, surgeon, do. do.

TOOMAVARA.—Charles Bourns, M.R.C.S.L., dispensary.

#### VACANCY.

Dr. J. W. Walsh has resigned the Syddan Dispensary, county Meath.

#### OBITUARY.

At Dingle, Mr. Thomas Griffin, Apothecary, aged 90. The oldest practising member of that profession in Ireland.

At Killarney, Jeremiah Courtayne, Esq., M.D.

At Glasgow, in consequence of a fall from his horse, Dr. J. Spittal.

#### REGISTER OF THE WEATHER.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	Mar. 29,	50	42	29.818	.130
Monday	30th,	51	44	29.900	.020
Tuesday	31st,	52.5	40.5	29.850	.130
Wednesday	April 1st	54.5	39	29.550	.030
Thursday	2nd,	48.5	41	29.800	.040
Friday	3rd,	49	40	30.120	.050
Saturday	4th,	51.5	39	30.060	

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE IX.—VENEREAL DISEASES.

*Pustular Venereal Disease described and contrasted with the papular and phagedenic.—Objections to a distinct phagedenic venereal poison—Dr. Ferguson's opera dancer—Objections opposed by the direct experiments of M. Ricord.—Treatment of primary symptoms of papular venereal disease—of ulcers—of external gonorrhœa—of ulcers on the frenum—of ulcers complicated with inflammation causing phymosis, or extensive suppuration or gangrene.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—In my last lecture I gave you an account of the experiments of Hunter, Bell, Evans, and Ricord. The first considered the virus of chancre and gonorrhœa to be identical—the three others considered these venereal affections to arise from distinct poisons; but the experiments of all, in my opinion, prove the existence of at least two poisons, and in the course of this lecture I shall adduce some other experiments of M. Ricord to shew, contrary to any inductions of the experimenter, that there is at least a third venereal poison. But in a practical point of view, whether we admit one, two, four, or any number of poisons is a matter of total indifference, provided we make ourselves acquainted with the grouping of symptoms, or of the different forms of the venereal disease, if you are still advocates for the old belief that all the varieties of this malady spring from one poison.

I shall now call your attention to that particular form which produces an eruption of pustules, that terminate in mild superficial ulcers, which, unlike those of the phagedenic constitutional disease, evince an early disposition to heal. The primary ulcer which occasions this eruption, has a smooth surface and elevated edges. It does not, in the second

or third week, shew a raised fungous surface, or any appearance of granulations, like the mild primary ulcer which occasions a papular eruption. I have placed it between the latter form, and the phagedenic, as being a *juste milieu* between the mildness of the one, and the severity of the other; but whether it is caused by a distinct poison, or that its peculiar characters should be owing to other circumstances, must remain *sub judice*, until experiments of inoculation, judiciously and fairly instituted, establish or annul its claim to this distinction. It is, however, both in the character of its primary as well as secondary symptoms more allied to the phagedenic than to the papular form of venereal disease.

With respect to the phagedenic form of primary ulceration, and the secondary symptoms it produces, both equally unmanageable and destructive under the use of mercury, I shall only observe that whether or not it is owing to a peculiar and distinct poison from that which occasions the other forms of venereal, the grouping of the symptoms it produces is so general and unequivocal that I have met with innumerable instances of it, not only in the hospitals of this country, but in those of various parts of Europe, and in patients who, previous to the attacks of this formidable disease had been in the enjoyment of the most perfect health, and soundness of constitution, so that we can not reasonably attribute its malignity to any fault in the latter. Although it is constantly urged that the difference of venereal symptoms arises, not from a difference of infection, but from that of the constitution of patients—in illustration of which opinion, every person who has either lectured or written on the venereal in these countries, during the last quarter of a century, has repeated the old story of the young officer who contracted phagedenic or sloughing ulcers, from a favourite opera dancer at Lisbon; and while he narrowly escaped from suffering martyrdom, and the most melancholy of all muti-



lations, the lady continued her double vocation of dancing and bestowing similar favours upon other lovers, without inconvenience to herself, or compunction for the wounds she inflicted. Dr. Ferguson, deputy-inspector of hospitals, details simply a fact, but others who repeat this oft-told tale, infer because this lady was not disabled from dancing every night, after she had infected the young officer, that she could not possibly have had an ulcer similar to that it was averred she had inflicted. Now, upon this point, urged by the *anti-pluralists*, two questions upon this case arise, before we can give our assent to those who argue for the existence of only one venereal poison:—

1st. Did this young officer really receive the infection from the female in question? It does not appear that Dr. Ferguson examined, or even had any conversation with this much impugned lady, in order to ascertain the truth of the circumstances stated to him; for it is not beyond the bounds of probability, that the young gentleman might have had connexion with other women as well as the opera dancer, and if so, he might possibly feel more glory in attributing his misfortunes to one who was the admired of all, than to a more obscure courtesan.

2ndly. From the subjoined detail of the symptoms, by Dr. Ferguson, it is more likely that the ulcers were not phagedenic or sloughing *originally*, but became so by the accidental accession of inflammation. I shall read to you the passage, from the 4th volume of the *Medico-Chirurgical Transactions*:—

“Shortly after the battle of Vimeira, while making an inspection of the cantonments near Lisbon, I was called to by an officer, a friend of mine, who earnestly implored my assistance. I found him four days after a connexion in Lisbon, with the whole penis enormously swelled, of a deep red colour; malignant ugly chancres on different parts of the prepuce, and two on the glans penis; the appearance of which I can compare to nothing but the holes made by a rusty nail in a piece of mahogany or logwood. He was young, robust, plethoric, and of the sanguine temperament. The skin was hot, pulse sharp and quick, tongue white, and eyes red, though he had been guilty of no intemperance in drinking. The catastrophe, if left to nature, ere mercury was in fact at hand, or a few doses of bark, wine, and opium, would have inevitably sealed his fate; but I caused him to be copiously bled, applied the coldest acetous lotions to the part, purged him most freely with neutral salts, and enjoined every part of the antiphlogistic regimen. The success was perfect—the tumefaction speedily subsided—in a few days all the sores were in a state of the healthiest suppuration, and I have no doubt, so thoroughly had the specific contagion been superseded by the violence of the inflammation, would have healed safely without mercury, had either the patient's fears, or my own responsibility, permitted me to run the risk. The woman who communicated the infection, was an opera dancer in Lisbon, apparently in perfect health, who continued upon the stage for many months afterwards, occasionally infecting others, without any thing extraordinary, as far as I could learn, in the nature of the symptoms.”

Now, from some experience in the various kinds of venereal ulcer, I can aver that this sudden and decided amendment in ulcers originally phagedenic from antiphlogistic treatment alone, so as to induce them “in a few days, to exhibit the appearance of sores in the healthiest state of suppuration” never occurs; although I am perfectly willing to admit that this treatment was indicated and most useful, whether the sores were phagedenic and sloughing, *ab initio*, or became so from inflammation afterwards. From the doctor's statement, the latter was, I have no doubt, the case;

a complication that I shall presently treat of, when considering the treatment of the primary symptoms of the papular venereal disease, and this view sufficiently accounts for the ease with which this lady might have pursued her double vocation.

Dr. Ferguson, at the time he published his paper, could not be aware of the importance attached to his excellent communication, otherwise he would have thought it his duty to have made the most accurate enquiries and personal examination of the individual alleged to have communicated the infection, and have thus ascertained a fact of considerable pathological importance—whether in the first instance the young gentleman in question had really been disordered by this *Prima Donna*, and if this were found to be the case, to ascertain what were her symptoms, and if phagedenic, in what manner she treated them. Knowledge need not be despised, even though taught by a female opera dancer, and the miserable sufferings and mutilations which our soldiers suffered in Portugal, from phagedenic and sloughing ulcers, at the commencement of the Peninsular war, by the exhibition of mercury, might have inspired a gentleman who held so influential a situation with a desire to obtain information on the treatment of venereal complaints from every source; for our army surgeons soon discovered that the *Black Lion* of Portugal, as the sloughing ulcer was termed, could not be tamed by mercury, and that without giving a grain of it, the Portuguese practitioners knew better how to effect their object.

Now this form of disease was not peculiar to Portugal, for I witnessed innumerable instances of it in the Lock Hospital of this city, at the very time it raged most amongst our troops in the Peninsula, and at the same period had too many opportunities of observing the destructive effects and sad mutilations which followed the use of mercury—against the continuance of which baneful practice, I ardently struggled in my lectures and publications of 1813 and 1814, in which I adduced, in support of my opinions, cases that occurred in hospital, so far back as 1811 and 1812. Dr. Ferguson, to whom the profession is much indebted for his excellent communication on the subject, would have rendered a great service to this important enquiry, had he been more particular, as to the facts of the case in question, seeing the avidity with which his authority is seized upon by those opposed to the doctrine of a plurality of venereal poisons. We can now, however, only conjecture whether the lady in question was or was not disordered; and if she was affected with the phagedenic ulcer—whether some local application of an escharotic nature, might not have been used to check and induce a state of reparation—for M. Ricord's experiments have proved that the cauterization with nitrate of silver will, within four or five days, stop the progress of any of his characteristic pustules arising from inoculation; and we now know that even when the phagedenic and sloughing ulcers are far advanced, that the application of a powerful escharotic, such as the nitric acid, affords the surest means of checking their progress.

But the doctrine of a distinct poison, for this disease does not rest altogether upon arguments and general views afforded by the regularity observable in the laws of all morbid poisons. M. Ricord himself relates an experiment of inoculation, which I shall read to you. At page 219, is detailed the case of P—, aged 20, who had the entire surface of the prepuce engaged in the disease, but accurately separated into two portions—that which lay on the swelled corona (*bourrelet*) of the glans was gangrenous, while the remainder of it presented the characters of a true phagedenic chancre. (*Le reste pré-*



*sente les caractères du chancre phagédénique proprement dit.)*

Matter taken from the gangrenous part of the prepuce was inoculated into the right thigh; but the puncture of inoculation was not followed by any result. He next inoculated the left thigh with matter taken from that part of the ulcer near the edge of the prepuce which exhibited the phagedenic ulceration. In three days afterwards it produced the characteristic pustule, which, on the eighth day after inoculation, is noted to have evinced the phagedenic ulceration to have become deep and rapidly destructive of the tissues: but I shall give his own words—*la marche de l'inoculation, jusqu'ici régulière paraît affecter la forme phagédénique pultacée, elle est profonde et détruit rapidement les tissus*. Its further progress was stopped by cauterization with the nitrate of silver.

In this experiment, instituted by a person opposed to the doctrine of a plurality of venereal poisons, we have undoubted proof of the inoculation of the matter of a phagedenic ulcer producing a similar ulcer, and also of the power of an escharotic in stopping its progress and inducing it to heal.

Now, it is universally allowed that one positive fact is of more weight than a thousand speculations, and I leave this experiment as something more than a make-weight against Doctor Ferguson's opera-dancer, who has figured successively in the lectures and writings of Messrs. Lawrence, Guthrie, Rose, Mayo, followed by Bacot and a host of minor lecturers and writers upon the subject during the last quarter of a century.

There is another case detailed by M. Ricord of an accidental experiment of inoculation, which I might adduce, were it necessary, as a support to the above positive evidence. It is detailed, at page 250, as follows:—A man, 28 years of age, admitted on the 10th of May, 1836, was affected with a phagedenic ulcer of three years standing, which had destroyed the frenum and a portion of the glans. This patient had also an ulcer, the size of a ten-sous piece, under his clavicle, which was caused by scratching the part, while his nails were imbued and befouled by the matter of his phagedenic ulcer. This ulcer under the clavicle was not made known to M. Ricord until the 6th of July, although it occurred at an early part of the disease: at this time it displayed the usual appearance of a chancre arrived at the "*period of reparation*," and of course had lost its characteristic appearance. The long-continuance of the ulcer, of from two to three months, affords a strong presumption that it was phagedenic, like the ulcer on the penis, which afforded the matter of inoculation.

I shall now, gentlemen, take my leave of the inquiry, whether there is one or a plurality of venereal poisons, and confine myself to the more important one, the treatment of the various symptoms of venereal complaints. The difficulty to a lecturer, where there is so great a variety, is to determine at what point to begin; but here the arrangement I have made respecting the forms or groupings of venereal symptoms, grounded on the nature of the eruption, comes fortunately to our aid, as being not only the most natural, but affording the most useful classification, in a practical point of view, of those complaints; as the mild and manageable are found to arrange themselves under one form of eruption, while the severe and most unmanageable come under that of another. However, in order to avoid the *questio vexata*, of whether there is one or more than one venereal poison, and not occasion umbrage by opposing the prepossessions of any person, I shall, in future, try to speak of those congeries or groups of symptoms under the term *form*, with the name of the eruption with which they are connected, adjectively appended.

Thus we shall have the papular, pustular, phagedenic, and scaly forms of venereal disease. But, instead of *forms*, if you agree with me, you will call them *diseases*.

In describing the various symptoms, both primary and secondary, under these several sections, I shall be as brief as is consistent with perspicuity, reserving all explanatory observations and illustrations until we come to examine the patients themselves, whose complaints will naturally suggest various practical remarks, both with respect to diagnosis, prognosis, and treatment.

I shall begin with the papular form of venereal disease, which comprises the great majority, perhaps nine-tenths of the cases which occur in this country. The primary symptoms are a mild form of ulcer, without induration or phagedena, and a gonorrhœa virulenta. Under the latter term, I not only include this disease, as it affects the urethra in both sexes, but the vagina in the one, and the glans penis, and interior surface of the prepuce in the other. The latter affection, in the male sex, is usually called spurious or external gonorrhœa, and incorrectly, chancreous excoriation. These several affections are frequently found in the same individual, and contracted by the same sexual connexion; from which circumstance alone, independently of the experiments of inoculation of M. Ricord, and the accurate observations and experiments of Mr. Evans, already noticed, we may safely infer that the same virus is capable of producing both ulceration and gonorrhœa, although the patient may, at the time he comes under our observation, exhibit but one of these affections.

The ulcer commences in the form of a pimple or vesicle, with some surrounding inflammation; the matter contained in the vesicle gradually becomes more clouded or opaque; ulceration then takes place, when the disease is in general for the first time discovered by the patient, in consequence of the itching or stinging sensation occasioned by the ulcer. The duration of such a pimple or vesicle before ulceration, is more likely to be learned from experiments of inoculation, than from any information to be obtained from patients. According to Ricord, a period of six days will elapse from the time of infection to that of ulceration, during which time there is first a redness, then a pimple with a red areola, then a vesicle containing a liquid more or less turbid, which at length becomes purulent; a scab then forms, on the separation of which an ulcer is exposed. The ulcer is excavated, and secretes a thin ichorous matter during the first eight or ten days, which marks the period of infection; the matter then gradually becomes purulent, which marks the period of reparation, and the decline of the specific powers of the poison. It then becomes daily less excavated, and at length its surface rises above that of the surrounding integument, presenting a smooth fungous appearance, without induration, by which it is distinguished from true chancre, or even fulness, except it has been irritated by the use of stimulating applications. Neither are there raised or elevated edges, by which it may be distinguished from the primary ulcer which occasions a pustular eruption; nor does it present a phagedenic or sloughing surface—so that, at the period when ulcers assume their specific characters, in the second week from their commencement, it may be known, *positively*, by its smooth, mild, fungous-looking surface, and *negatively*, by the absence of the characteristics of the other forms of primary venereal ulcers.

If we wish to experimentalize with the virus of this form of disease, we should take the matter for inoculation while the ulcer is still in its excavated and progressive state, before the period of reparation, the discharge not having as yet become purulent. This is



the period also in which we may have a good prospect of extinguishing the disease at once, by cauterizing the ulcer with nitrate of silver; with which view it will not be sufficient to touch the sore slightly with the escharotic—it ought to be applied effectually, and to the very bottom of the ulcer. The mode which I usually pursue for this purpose, is to apply the powdered nitrate of silver to the ulcer on the end of a moistened probe. M. Ricord, it seems, felt always certain of stopping the progress of an ulcer caused by inoculation, in cauterizing it, even at the fifth or sixth day after its commencement. A fact, coming from such high authority, on this part of our subject, ought to assure us of the advantage likely to arise from the practice, I have recommended.

There was formerly a prejudice against the application of escharotics to primary ulcers, under the apprehension that they excited buboes; and I believe I was the first to oppose this foolish objection, by observing, in my work on the venereal—"that the sooner an ulcer that secretes a morbid poison capable of infecting the constitution is healed, the more likely is the constitution to escape contamination." I also added—"that influenced by this consideration, when a patient applied to me with an ulcer in its first stage, while yet excavated and secreting lymph, I *instantly endeavoured to destroy its entire surface*, by a free application of lunar caustic;" and I observed—"that when the eschar separated, I had in general the satisfaction of finding a simple sore instead of a poisonous ulcer." Although nothing can be stronger than the terms in which this practice is recommended by me, yet others thought proper to take credit to themselves, long after my publication, for advising the application in question. I constantly have recourse to it, as long as the ulcer is excavated, and continues to secrete a thin ichorous, and therefore a poisonous matter. But when the discharge becomes purulent, and the surface of the ulcer is smooth, raised, and fungous, I prefer, above all other applications, a solution of the nitrate of silver, in the proportion of from one to three grains to an ounce of distilled water—under which application, with rest, moderate diet, and aperient medicines, to which I usually add small doses of tartrate of antimony, these ulcers are found to heal in a period of time scarcely to be credited by those who trust to mercury alone for their cure; and, I shall venture to add, with a far less proportion of secondary symptoms than fall to the lot of the decided mercurialist to experience. I do not consider it necessary to exhibit mercury for these ulcers, because I find, from very ample experience, that it is not capable of preventing the accession of constitutional symptoms of this form of disease, and certainly it would appear inconsistent to order a medicine that does not even expedite the healing of the sores in question, with the view of preventing those secondary symptoms, for which I would not exhibit it, were they even to occur.

When external or spurious gonorrhœa exists, which is seen to affect the glans and internal surface of the prepuce not uniformly, but in excoriated patches, brushing over the parts, thus affected lightly with lunar caustic in substance, will act on the disease like a charm, and cause it, in general, to disappear in a few days.

Not many years ago, patients affected with a complaint thus easily cured, were subjected to a six or eight weeks' salivation; and, I believe, there are still some inveterate mercurialists who, closing their eyes against all modern lights, still relentlessly adhere to this barbarous practice. If one application of the nitrate of silver does not succeed, a second or third, at most will; which, with the application of dry lint, and the exhibition of some mild aperient, are all that is necessary to cure this complaint. Lint soaked in a

solution of nitrate of silver, three grains to the ounce of distilled water, laid between the prepuce and glans, and changed twice or thrice a day, may answer equally well, but is not so expeditious in removing this affection as the application of the nitrate in substance and dry lint afterwards. The aperient I am most in the habit of ordering is as follows:—

R Antim. tartar. gr. i.

Sulphat. magnes. ʒvi.

Infus. menthæ comp. ʒvss.

Solve. sumatr. cochl. ampla duo ter quaterve quotidie.

Which answers the purpose of keeping the bowels free, and obviating that tendency to inflammation, and, consequently, phymosis, which is apt to attend all the primary symptoms of the papular form of disease.

Venereal primary ulcers of every description are probably more likely to be found on, or in the immediate neighbourhood of the frenum, than on any other part of the penis. When, on the frenum, nothing will stop their progress until they ulcerate through it, I, therefore, am in the habit of anticipating this slow process of nature, which will inevitably occur, by making a free division of the frenum with a sharp-pointed bistoury, and, on the following day, applying the nitrate of silver freely to this divided surface as well as to the entire of the ulcer. By which means the duration of the patient's confinement is usually curtailed many weeks.

The primary symptoms I have described will sometimes be attended with phymosis, and most active inflammation, arising in general from the imprudence of the patient in using inappropriate regimen and exercise. Inflammation of the penis is often of the most active description, and attended with very high symptomatic fever; therefore, if not met by measures equally active, it will soon terminate either in suppuration or gangrene; and this appears to me to have been the complication which Dr. Ferguson had to contend with in the young officer.

If we find that our patient, who may be affected at the same time with one, two, or the three primary symptoms of this form of disease, complains of pain and swelling of the penis with phymosis, or a tendency to it, we should instantly confine him to the recumbent position—give him the saline aperient, combined with tartarized antimony, at regular intervals—direct him to inject warm water frequently between the glans and prepuce; and if symptomatic fever should be present, to be bled from the arm in proportion to its extent and the powers of his constitution. Leeches to the penis would, no doubt, be most appropriate in such cases; but where there is a great flow of matter, it is almost impossible to prevent it from coming into contact with the leech-bites, which thus become, by inoculation, so many primary venereal ulcers. In the majority of cases, these measures, if adopted in time, will reduce the inflammation, and then the symptoms may be treated locally according to the system laid down. If the inflammation is allowed to run its course, a black spot, the indication of a slough, may form on the upper part of the prepuce, which separating, the matter accumulated beneath, will find a ready exit. In other cases, the entire prepuce, and even a portion of the glans, will mortify.

The appearances which the parts present under these various circumstances, arising from inflammation, are admirably depicted in these drawings, which will afford you as accurate an impression of the affections I am describing, as if they were presented to you on the patients themselves; but we are scarcely ever without instances in hospital, and you must, therefore, be familiar with them.



It is necessary that you should bear in recollection that the sloughs thus formed, as a consequence of inflammation, should be accurately distinguished from those which so often attend phagedenic ulceration, and which appear to be owing, in the latter, to the peculiar action of the virus that occasions them.

When the sloughs, which are the consequence of acute inflammation, separate, you have presented to you a healthy granulating sore, in a state of reparation. But when the sloughs of a phagedenic ulcer separate, you have before you a phagedenic ulcer without granulations, or the slightest signs of reparation—the surface of which, after some days, will assume again a livid hue, followed by another slough, until at length, in this way, by alternate phagedenic and sloughing ulceration, the entire penis, and even the scrotum in the one sex, and the labia, nymphæ, and vagina in the other, may be destroyed, if not checked by means to be described, when we come to the consideration of the phagedenic form of disease.

Dr. Ferguson, I am persuaded, did not sufficiently distinguish between these two forms of disease. How different is the treatment of these cases now, from what it was formerly! When I was first appointed surgeon to the Lock Hospital in 1810, the system pursued in such instances was to throw in mercury as rapidly as could be done, and the most stimulating dressings were applied to the ulcers. The consequences, I need not tell you, were frequent mutilations of the penis, with destruction of the scrotum, and exposure of the testicles. But now, fortunately for the present race, another mode of treating such cases is universally adopted, and we no longer witness those miserable instances of mal-practice with which the hospitals of these countries were, until within these few years, constantly disgraced.

In the instances of gangrene of a portion of the prepuce from inflammation, it frequently occurs in such a manner as to leave an opening at its upper part, through which the glans protudes, or rather the remainder of the prepuce attached to the frenum falls behind the glans, where it forms an awkward and useless appendage, which we are frequently called upon to remove by an *operation de complaisance*.

Sometimes, when the inflammation extends to the corpora cavernosa, matter will form under the ligament of the penis, an event which may be suspected by the constant pain and tension of the part, for no fluctuation will indicate its presence, in consequence of the thickness and unyielding nature of this ligament, which is still farther increased by the inflammation. Owing to the same cause, a considerable time will elapse before the matter can be discharged by the common process of ulceration, which at length usually takes place either behind the corona glandis, or close to the pubes, where the ligament becomes less dense. But as soon as, from the pain, tension, and discolouration of the penis, we have reason to suspect the presence of matter, we may give great relief to our patient, and save, perhaps, the total disorganization of the part, by making a timely opening through the ligament; when a probe will be found to pass under its entire extent along the dorsum of the penis. Abscesses thus formed are very slow in healing, and require considerable management. In some very obstinate cases I employed with success a small seton passed from the pubes to the corona glandis, under the ligament, which saved the penis from the injurious consequences to the functions of the part, likely to ensue from any extensive division of the ligament.

Paraphymosis is another consequence of inflammation of the penis. When this occurs, besides the antiphlogistic measures recommended for phymosis, we must endeavour by the use of our hands to bring

forward the prepuce, while at the same time we compress the glans into as small a compass as possible. If this fails, we must have recourse to the sharp-pointed bistoury, and divide the stricture formed by the prepuce upon the glans where it is most obvious: this is done by insinuating the knife under it, and dividing it, from behind, forwards on a director. In such cases we need not expect, immediately after the operation, to be able to bring forward the prepuce, as adhesions keep it *in situ*, but should be contented with relieving the stricture upon the glans, which had caused a swollen and painful state, dangerous to its organization.

Attacks of inflammation, such as I have described, or even that less degree of it, caused by neglect, imprudence, irritating applications, or the use of mercury, may so modify and alter the natural appearance of these primary ulcers, as to render it difficult to ascertain to what class they belong. Under such circumstances, instead of flying to the use of mercury, as is too frequently the custom, I would strongly recommend you to avoid the inextricable embarrassments and difficulties with which this rash step may lead you, and to be contented with directing antiphlogistic measures to the necessary extent, mild soothing applications, and rest in the recumbent position, until all inflammation is removed; and then, and not till then, can you be competent to form any correct judgment respecting the true nature of the ulcer, and its appropriate treatment.

When a reasonable time has elapsed under this management, the true nature of the ulcer will become apparent, which, at least, in nine instances out of ten, will, I shall venture to say, be found to belong to the form of disease we are considering. But if it should exhibit the characteristics of other forms of venereal, then it ought to be treated on the plan I shall recommend for your adoption when I come to consider each of these forms of disease.

The primary ulcers of the papular form, as well as all other primary venereal ulcers, are liable to be followed by warts, which sometimes become so extensive as to cover nearly the entire surface of the glans penis and interior of the prepuce. When this is the case, they often produce phymosis, and in order to subject them to the necessary treatment for their removal, it will, under such circumstances, be necessary in the first instance to divide the prepuce. My practice in those cases is to remove, with curved scissors, as many as have narrow necks, or will admit of easy excision, and when the bleeding ceases, to apply lunar caustic freely to their roots; or to rub, by means of lint on the point of a probe, acetic acid into those which have broad bases that extend deeply into the integuments.

In elderly people, or in those of bad constitution, venereal warts of this description, which are allowed to remain a long time concealed by a phymosis, discharging a thin acrid matter, are apt to degenerate into warts of a malignant or cancerous nature, which may ultimately destroy the life of the patient; therefore, in such constitutions, they should receive due and timely attentions. If they should return frequently after the local treatment recommended, an alterative course of the hydriodate of potash, or of Plummer's pill, may prevent this disposition to their recurrence, and the same course may also be of service in disposing the primary ulcers of the papular disease to heal in case they should become obstinate, and resist the treatment recommended. Just on the same principle I advise the same alterative courses for old obstinate ulcers of the leg, or of any other part, although not attributable to any morbid poison.

In my next lecture I shall consider the nature and treatment of gonorrhœa and its consequences.



## MEETINGS OF SOCIETIES.

## SURGICAL SOCIETY OF IRELAND.

MARCH 14, 1840.

Mr. ADAMS in the chair.

Dr. HARGRAVE read the following case:—

Thomas Robinson, aged 9, had always been a healthy child until the present attack. About three years ago, he first complained of a severe pain in the knee, which continued increasing for about a year, after which it became so severe in walking, and the tendons about the joint became so contracted, that he was unable to walk without the aid of crutches. About six months after that period, he got a fall, and, shortly after, another; after which he was obliged to remain in bed; the knee-joint became very much swollen and inflamed after the last fall. In about six weeks two small openings appeared, one on each side, above the patella, which at first discharged a thick yellow matter, very fetid: afterwards the discharge became thinner, and sometimes sanguineous. About a year before his admission into the City of Dublin Hospital, the integuments about the joint began to ulcerate. About two months ago, the pain became suddenly very much increased, so that he scarcely slept any during that time. For twelve months before his admission, he was subject to a diarrhoea, which was at first occasional, but for the last two or three months became continued.

Admitted February 25, 1840.—Presents symptoms—the knee is enlarged and of a globular form—in size, equal to an ordinary melon, and measures thirteen inches in circumference, while that of the leg, at its smallest part, is but three.

The integuments about it are ulcerated—the hamstring tendons are very well defined, and their muscles much contracted—great and general emaciation—the eyes bright and clear—but the countenance indicative of much suffering—the tongue rather foul—pulse scarcely to be counted, being more than 100 in the minute—impulse of the heart greater than natural, and its action most apparent through the extremely thin thoracic parietes—respiration perfectly normal—abdomen much enlarged and prominent, which appears to be principally owing to the liver being hypertrophied and encroaching more upon the abdominal, than the pectoral cavity—no means of ascertaining the condition of the mesenteric glands—a constant, and severe purging of yellow, thin matter, but no evidence of pus being contained in it.

A consultation was held the morning after his admission, and it was decided to amputate the limb; for which measure, the little fellow was most anxious, and which he endured with the most singular fortitude. By a single circular incision, all the soft parts at the inferior third of the limb were divided to the bone, and then dissected for a proper distance upwards from it; the bone was then sawn, and presented extreme vascularity, the compact structure being reduced to a mere shell. Six vessels were tied during the operation, and, so great was the hæmorrhage from the bone, that it could only be arrested by firm and continued pressure, by means of a dossil of sponge, which was secured within the area of the compact osseous tissue. On account of a disposition to hæmorrhage, the stump was not closed immediately after the operation. In about four hours after it, the patient was again visited, and six more vessels were secured, each with a single silk ligature—they were principally sub-cutaneous—the sciatic nerve was found protruding nearly a quarter of an inch from the surface of the stump, and from its centre a large vessel was seen bleeding; the nerve was cut

within the substance of the stump—the hæmorrhage still continued—the solid nitrate of silver was freely applied to the nerve, on which the bleeding ceased. Still there was a general oozing of blood from the stump, which was endeavoured to be controlled by applying the saturated solution of alum to it, which was not of the slightest use. The entire surface was then exposed to the air which had the effect of completely arresting the hæmorrhage. During the operation no tourniquet was used, compression with the hand being sufficient to command the vessels.

In no amputation that I ever witnessed or performed, did I experience such a tendency to hæmorrhage, except one which was successfully performed on the thigh, after the operation for the cure of popliteal aneurism failed, some years since, by Mr. Palmer, at Mercer's Hospital. In the present case it seemed as if all the blood in this little fellow's system was directed, almost solely, to the knee-joint, to afford a pabulum for the disease existing in it: and what made the hæmorrhage more difficult to be controlled, was the little tendency exhibited by the blood to coagulate.

*Appearances of the limb after the operation.*—A vertical section was made through the condyles of the femur and patella, so as to expose the cavity of the joint, which gave issue to a small quantity of tolerably healthy pus.

The normal aspect of the interior of the articulation was destroyed; the tibia and the fibula were partially luxated upwards and outwards, and the tibia covered with its cartilage of incrustation; the femur was so much rotated upon its axis, as to present the external condyle anteriorly, and the internal one posteriorly. The section of these parts of the bone showed that all the cancellous structure had completely disappeared, and its place was occupied by a homogeneous substance of a brick red colour, and of a semi-fluid consistence. The epiphysal part of the condyles was also converted into the same kind of substance, while the epiphysal cartilage was perfectly healthy, and limited the extension of the disease from one part of the femur to the other; but the cartilages of incrustation were destroyed by ulceration extending from the epiphysis to them. The compact structure of the bone was extremely thin, and scarcely more resistant than dry parchment. The medullary canal was considerably augmented, and filled with the same reddish semi-fluid substance already described.

It may be here remarked, so great was the tendency of the medullary part of the bone to bleed after the operation, that the hæmorrhage could only be controlled by applying a dossil of fine sponge in the area of the compact shell of bone, which it was necessary to confine in that situation for a few minutes, by firm compression, to prevent its being propelled from the bone, owing to the rapid flow of blood from the entire of the medullary part of the femur.

The soft parts around the knee were very much thickened, and of a brownish colour.

It is remarked by Sir B. Brodie, that the disease may extend from the cancellous structure, and cause ulceration of the cartilages; and, when they are ulcerated, the progress of the disease is the same in many respects, as when this ulceration takes place in them in the first instance.

The bones in all cases are preternaturally vascular and soft, and contain a less than usual quantity of osseous matter, while at first a transparent fluid, and afterwards a cheesy substance is deposited in their cancelli.

From the diseased bone, vessels carrying red blood are often seen extending into the cartilage, which



afterwards ulcerates in spots, the ulceration beginning on the surface of the cartilage next to the bone; the ulceration of the cartilage often proceeds very slowly.

It the last stage of this disease, it has been noted by Mr. Lloyd, in his work on scrofula, that the bones not alone lose the extreme vascularity which they possessed in the early period of the disease, but become less vascular than even a healthy bone, which diminution in the vascularity may explain those exfoliations which sometimes occur after the disease has existed a long time, especially in the small bones.

What appears to me worthy of note in the pathology of the specimen now laid before the society, is the complete absence of the cancelli, the thin osseous lamina which formed their parietes being absorbed; no appearance of vessels; and the deposit of the red brick coloured substance; the great integrity of the epiphysal cartilage, acting as a perfect septum between the disease in the femur and the epiphyses; the rotation of the femur from without inwards, so as to cause its external condyle to be upon the anterior aspect of the limb, and the internal one on the opposite, while the leg was partially luxated upwards and outwards.

The details of this interesting case, with the treatment, are carefully noted, and every thing promises a successful termination, which, at some future period, may be laid before the profession.

The pathological preparation, and a cast of the knee, leg, and foot, are deposited in the museum of the Royal College of Surgeons.

Mr. ADAMS said that the dislocation observed in Mr. Hargrave's case was of a very remarkable character, and one which he had never seen before; nor did he think it had been noticed by others. He wished to know from Mr. Hargrave what was the situation of the patella?

Dr. HARGRAVE said it lay at the anterior part of the tumour.

Dr. HOUSTON said that the dislocation of the knee did not appear to him to differ much from the usual form, except in degree; and that the alteration in the relative position of the bones was the result of the extreme degree of twisting which the tibia underwent in consequence of its position. The child lay constantly resting on the outer side of the limb; and, as the disease went on, the tendency of the tibia to be twisted outwards, gradually increased, while the condyles of the femur were thrown in an opposite direction. There was nothing in the specimen differing from the usual form, except the degree of dislocation. There were several preparations of the same kind in the museum, but none of them so remarkable. With respect to the hæmorrhage, Dr. Houston had never seen anything like it even in adults: it seemed to be an universal oozing from every part of the stump; and yet there was scarcely a point from which the blood was not thrown out in jets. Considering the emaciated state of the child's body, he could scarcely believe that the vessels were capable of furnishing such an immense quantity of blood.

Mr. ADAMS said he agreed with Dr. Houston that it was merely an increase in the degree of dislocation; but it was certainly very remarkable. He thought that the leg was more dislocated than the femur. He had seen some cases of the same kind of displacement in the elbow joint, both bones of the fore-arm being dislocated outwards and upwards.

Mr. TRANT said that the case which he was about to bring under the consideration of the society this evening, was one of extravasation of urine, depending on stricture. It was, to a certain extent, productive

of interest, as it will be found in the course of detail to differ in some of its diagnostic characters from those generally described as usual attendants on diseases of this nature.

J—s R——n, the individual whose case forms the subject matter of this paper, was a middle-aged man, of strong muscular appearance—had for some days suffered under extravasation of urine, for which he was admitted into hospital, on Saturday, the 21st of December, 1839. His countenance was sunk, and of a yellow hue—pulse small and feeble, tongue dry, and brown towards its centre—skin moist and clammy, evolving a remarkable urinous odour—respiration short and frequent, accompanied at distant intervals by occasional hiccough. The inferior portion of abdomen, from the inguinal regions nearly to the umbilicus, was of a dark colour, somewhat swollen and oedematous, transmitting to the touch that peculiar crepitation, so frequently observed where urinary infiltration has taken place into the sub-cutaneous cellular tissue. The perineum was full and tense, with a slight elevation, more prominent than the rest, at its most anterior part. One rare feature, however, which this case presented, and one to which he would wish particularly to attract attention, was, that in so extensive an extravasation of urine as took place in this instance, neither scrotum nor penis were found infiltrated or tumified, but perfectly natural in their appearance, with the exception of a slight excoriation on the anterior surface of the scrotum, apparently depending on the occasional urinary stillicidium, which accompanied each fruitless attempt to relieve the bladder.

The history he was enabled to collect of this case, previous to his seeing him, was, that he had been employed for a considerable length of time as clerk to an eminent merchant in this city, and that his habits of life were rather of an irregular and intemperate nature—that for several years preceding his admission he had laboured under stricture at the orifice of the urethra, producing consequences of a most distressing nature, and that the difficulty he experienced in emptying the bladder had increased to so great an extent, that for the last four days he had not been able to pass urine in a greater quantity than a few drops at each effort, which was of the most urgent character. On the previous Thursday (*three days after retention had set in*,) whilst engaged in making a violent straining exertion to relieve the bladder, he suddenly experienced a sensation as if it had expelled its contents, but was surprised to observe only a few drops to have passed from the orifice of urethra. A short period after this occurrence, he was seized with a painful burning sensation at the lower region of the abdomen, accompanied by a fulness and tenderness of the part. On the following morning, at an early hour, he was attacked by a similar sensation in the perineum; at the same time he also perceived the extravasation on the abdomen to have increased considerably from the period he first observed it.

The treatment resorted to was similar to that usually adopted in such occurrences—a free and deep incision was made into the tumour at the anterior part of the perineum, giving exit to a considerable quantity of a dark-brown most offensive urinous fluid, and the abdominal parietes were deeply scarified at those situations where the extravasated fluid was most perceptible in the subjacent cellular tissue. Ordered emollient poultices to the parts to have an anodyne draught, and 12 ounces of wine, with frequent doses of a mild diffusible stimulant through the night. On the following morning Mr. Trant found that he had spent a bad, restless night. Pulse was feeble and indistinct—tongue dry, and coated with a brown fur—skin bedewed with a cold clammy moisture—eyes

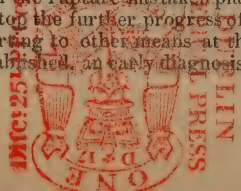


heavy—lids drooping, and a considerable disposition to coma was evinced, with frequent and distressing hiccough. Urine did not appear to have passed from the wound in the perineum to the same extent as might have been anticipated from the frequent calls he had experienced to relieve the bladder during the night. A considerable quantity, however, appeared to have escaped from one of the incisions made at the lower part of the abdomen on the previous day; and the extravasation was also observed to have increased extensively, from the position it held on admission into the hospital, having now taken its course upwards along the lateral parts of the thorax. He did not, however, long survive this distressing and hopeless state, as death terminated his sufferings about eight o'clock that evening.

The impression which this case made on Mr. Trant's mind, on admission into hospital, was, that the urethral lesion had not taken place at its inferior surface, (although it is the occurrence almost invariably to be met with when a rupture of this canal occurs from stricture,) as had it been so circumstanced, the infiltrating fluid must, in the first instance, have been expelled into the perineum, and from thence it would have been directed forward by the strong perineal fascia, into the loose cellular structure of the scrotum, previous to its arrival either at the inguinal or abdominal regions, developing at the same time a well-marked external appearance, diagnostic of the occurrence having taken place. Such, however, was not realized by the state of the parts in this instance, as the abdominal and perineal cellular tissue were both extensively injected, while the scrotum and penis (anomalous as it may appear) remained quite free from infiltration or tumefaction. To account, with any degree of feasibility, for this occurrence, he felt satisfied that the lesion must have taken place (in this instance) in the upper surface of the urethra, at that part immediately anterior to the triangular ligament, consequently, on the rupture taking place, the abdominal parietes became injected in the first instance, from the facilities afforded to the extravasating fluid to take that very unusual course, by the favourable situation in which the lesion occurred, and also by the horizontal position in which he was placed, having been confined to his bed from the commencement of the attack—that the perineum became infiltrated in the second instance, and that the scrotum would have become the seat of infiltration in the third instance, had the disease been allowed to continue without any medical assistance having been afforded. If such be the admitted nature of this peculiar affection, he would be induced to consider that a diagnosis to a certain extent might be founded at an early stage of this complaint, from the direction taken by the extravasating fluid; assisted, at the same time, by the previous history of the case. In support of this feeling he could only say that prior to any post-mortem examination of the parts being made by his friend, Dr. Houston, he stated to him his views on the subject, and also the diagnosis he had formed—after which, he proceeded to the examination by making a longitudinal section of the urethra, down to the bladder, when he found the lesion at that part of the upper surface of the urethra, where it had been anticipated, and which the preparation on inspection will exhibit. He would not have drawn attention to this apparently unimportant point, were it not that he was not at present perfectly convinced from the results of this case as to whether the mere opening into the perineum is sufficient by itself, in these peculiar instances, (as it is when the rupture has taken place in the under surface,) to stop the further progress of extravasation, without resorting to other means at the same time—which, if established, an early diagnosis of the true na-

ture of this complaint must be a matter of some importance, as it would lead at once to the adoption of a decided mode of treatment for its relief.

In this case, although the perineum was freely opened, (as the preparation will shew,) still the infiltration was found to have extended itself afterwards on the abdominal parietes, which must be accounted for by the urethral opening not communicating in a direct manner with the wound in the perineum, it being situated at the upper, and consequently the opposite surface of the urethra, to that which corresponded to the incision made in perineo. Impressed with these feelings, he would be inclined, in such instances, after the perineum had been freely opened, and the abdominal parietes sufficiently scarified, to endeavour, if possible, to introduce a gum elastic catheter into the bladder, (could it be accomplished without using excessive violence,) as he found it to succeed beyond his most sanguine expectations, in an instance somewhat of a similar nature to this, where the extravasated fluid was extending rapidly, although a free and extensive opening had been made in the perineum some hours before. The patient was a man far advanced in life, who had laboured under ruptured urethra, with extravasation of urine on the lower part of the abdomen, for some days previous to his seeing him, and the scrotum, as in the present instance, was neither swollen nor infiltrated. The perineum was freely opened in the usual manner, giving exit, at the time, to a fetid urinous fluid. After some hours, however, the extravasation was observed to have extended itself considerably, and some urine was also discharged through one of the abdominal scarifications. In this state he again visited him, when he considered it would be advisable to pass, if possible, a gum elastic catheter into the bladder, which he succeeded in accomplishing: not however, without a considerable degree of difficulty, although the stricture was situated at the anterior part of the urethra, (which, he believed, will generally be found the seat of obstruction in these particular instances,) the instrument was left in, after which the extravasation ceased to extend, and the urine did not afterwards appear to pass by the wounds on the abdomen. From this period no unfavourable occurrence took place, and he is at present enjoying good health for his advanced time of life, being now upwards of 70 years of age. He would, however, add, that had he not succeeded in passing an instrument at that time into the bladder, the result more than probably would have proved fatal from the extension of the extravasation, which was rapidly taking place. Observing, therefore, the beneficial result from the line of treatment adopted in this instance, he was induced to take this opportunity of throwing out for discussion a practical point of some importance connected with this case, as to whether it might be advisable, in cases such as this, where it has been found impossible, from the state of the stricture, to succeed in passing a catheter, (and the extravasation at the time is apparently extending, although the perineum was perfectly opened,) to make a depending incision into the inferior surface of the urethra, so as to correspond with the wound in the perineum in a direct manner, thereby placing the complaint as nearly as possible in the same state as if the lesion had taken place in the under surface, in the first instance; or, perhaps, divide the stricture itself, so as to admit the introduction of a catheter into the bladder. The adoption, however, of these rather obscure, but important points of practice, (in such peculiar and very rare instances of ruptured urethra as this now under consideration is,) must depend much on the existing state of the patient, and also, at the same time, be governed by the experience and discretion of the practitioner himself.





The morbid preparation connected with this case was obtained twelve hours after death. It will, on inspection, be found of an interesting nature, as it not only affords an evidence of the unusual situation in which the urethral lesion took place, and which will, in some degree, assist in accounting for the very peculiar phenomenon exhibited by the parts during life; but it will also demonstrate that, where the urethra has given way in cases of stricture, it is not a necessary consequence, (as stated by some authors,) that the lesion should take place in the immediate vicinity of the obstruction, or at least not in those instances where the stricture is situated at the orifice of the urethra. Connected with this case there is still one point which might naturally suggest itself, as to whether the rupture of the urethra was preceded by abscess or not. With regard to that point he would not here presume to decide; but were he to hazard an opinion on the subject, deduced as it would naturally be from the early history of the case, the appearance of the parts at the time of admission, and the nature of the discharge from the opening made in the perineum, he would be disposed to consider that abscess had not existed previous to the urethral rupture taking place. At the same time it must be admitted that there is nothing more probable than the formation of abscess in the neighbourhood of the pubis, when the stricture is situated at the orifice of the urethra, in support of which, Sir Charles Bell, in his valuable work on diseases of the urethra, draws attention most particularly to that point. However, whether this affection is preceded by abscess or not, still, it cannot be denied that the liability to its occurrence is equally great.

Professor PORTER said that the specimen exhibited was a good one; but sometimes pathological specimens proved too much. If he understood Mr. Trant aright, he seemed to be of opinion, that the case was one of rupture of the urethra from over distension. It did not appear to him that there was any reason why rupture should take place in this situation; or that there was any sufficient obstruction to direct such a degree of force on the spot, said to be ruptured, as to produce such a lesion? Rupture of the urethra, at the upper surface, from over distension, is a very rare occurrence: while abscess in the vicinity of the stricture is very frequent. He saw no reason why abscess should not have been the chief cause of rupture in this instance; and if the little cavity which he saw in the preparation, close to the site of the rupture, was not the cavity of an abscess, it was as like it as anything he had ever seen.

Mr. TRANT said that he had examined the course of the urethra with great care during life, and could not find any tumour, fullness, or sense of fluctuation to indicate the existence of abscess. On making an incision into the perineum, no matter had been discharged, nor could he perceive any appearance of abscess on examining the parts after death.

Professor PORTER said the abscess appeared to have existed in the corpus cavernosum penis, he thought that any one who examined the preparation with care would perceive evident traces of it.

Dr. HOUSTON said, that in alluding to the preparation in question, he merely wished to speak of what he had seen. All he had done was to slit up the urethra for the purpose of examining it, and, in doing so, he found a long, narrow rent along the upper part, which, in the natural position of the parts, was scarcely visible. On the mucous membrane of the urethra, in this situation, there appeared to be little rows or spots of ulceration. The parts in the vicinity of the rupture had not the usual appearances or characters of abscess. The cellular membrane was rough and of a dark colour, but did not contain any matter. The pouch which Mr. Porter had supposed to be the

cavity of an abscess, was produced, in his opinion, by a dossil of lint. He merely spoke of what he had seen, and could state that, in dissecting the parts, he had not met with any trace of abscess.

Dr. HARGRAVE said he was inclined to agree with Professor Porter, that the case was one of abscess. There was a small cavity lined with lymph, and this was placed in close relation to the largest and widest portion of the urethra. What, however, he looked upon as the most interesting fact of the case, in an anatomical point of view, was the manner in which the urine had been extravasated. Mr. Trant had not given any explanation of this.

Mr. TRANT said he had stated his opinion that the course of the urine had been favoured by the horizontal position of the patient and the situation of the rupture. With respect to the existence of abscess, he had examined the parts most carefully, and could not find any evidence. The rupture had occurred suddenly, and without any preceding pain or swelling of any portion of the penis in the track of the urethra.

Dr. HARGRAVE asked if it were possible that the matter contained in the abscess could have passed back into the bladder.

Dr. HOUSTON observed that this was, taking it for granted that there was an abscess.

Dr. HARGRAVE—Yes.

Dr. HOUSTON said, that from a review of all the symptoms during life, and a careful examination of the parts, he was disposed to think that there was no abscess. But whether it was abscess or single rent, the most important question was why the urine should have taken the course described, for if the urethra was examined, the rent would be found farther forwards than one would be disposed to think. It was, at least, in part in front of the sub-pubic ligament; but then it was to be borne in mind that it lay behind the triangular ligament, and the question was, whether the direction of the extravasation was to be attributed to this circumstance?

Dr. BENSON said that Mr. Trant had stated that as his opinion.

Mr. ADAMS said that the chief features of the case were—the existence of stricture at the anterior part of the urethra—of dilatation behind this—rupture at the dilated portion, and extravasation of urine at first into the abdominal parietes, and afterwards into the perineum, while the scrotum and penis remained free. The question was whether there was abscess?

Dr. GEOGHEGAN said the most interesting point of inquiry appeared to him to be, not whether there had been abscess, but why the urine should have taken the direction it did.

Mr. ADAMS said, that under any circumstance, he thought the case one of importance. Cases of the kind are generally deceptive; he had witnessed one in which the urine was extravasated into the pelvis. In such instances there is always danger in passing a catheter along the upper surface of the urethra, and yet this is the direction in which we are recommended to pass the instrument. The second case which Mr. Adams had witnessed was one of extravasation of urine into the corpus cavernosum; in this instance, the penis remained swollen and in a state of painful erection until death.

Dr. HARGRAVE said he wished to ask Mr. Trant whether he thought the suspensory ligament of the penis had anything to do with the course of the extravasation?

Mr. TRANT said he thought it depended more on the position of the body and the direction of the opening. He was sure the urine would have made its way much sooner into the perineum if the patient had been in the erect position.



Professor HARRISON said that there was a very interesting preparation in the museum of the College, bearing on the subject under discussion. The case was that of a gentleman whom he had attended for very bad stricture, followed by dilatation behind the strictured portion, rupture, and extravasation of urine into the crura penis. This was succeeded by priapism and violent inflammation, during the course of which the crura penis sloughed away completely, both crura coming away from the root to the glans penis. The gentleman recovered, but nothing remained of the penis, except the corpus spongiosum and glans, covered by the skin which had not participated in the sloughing process.

Dr. HOUSTON mentioned a case of infiltration of urine into the rectum, about an inch and a half or two inches above the orifice of the anus. The urine got first into the rectum, and afterwards into the cellular tissue in the vicinity of the anus, and was followed by extensive sloughing, of which the man ultimately died.

Dr. BENSON enquired if the urine had passed at all into the corpus cavernosum in Mr. Trant's case?

Mr. TRANT said it had not.

Dr. BENSON said the question of abscess or no abscess could therefore be brought to a conclusion very readily. The question was whether a more correct opinion could be formed in this matter by Professor Porter, who had inspected the preparation after undergoing a considerable degree of manipulation, or by two gentlemen (of whose anatomical knowledge there could be no doubt,) who had examined it in the recent state.

Mr. PORTER said he had not intended to give a decided opinion on the matter; all he wished to convey was his impression, that the cavity alluded to by him, looked very like that of an abscess.

Mr. SMYLY exhibited a specimen of schirrhoma of the penis, commencing in the prepuce, and extending slowly to the glans and body of the penis. The disease was of five years standing, and had been removed by amputation. Mr. Smyly said he had brought forward the case, chiefly in consequence of a modification made in the operation, and which had been followed by favourable results. As closure of the orifice of the urethra is one of the most common consequences of amputation of the penis, Mr. Smyly, with the view of preventing it, had, at the suggestion of Mr. Porter, drawn forwards the end of the divided urethra, and attached the mucous membrane to the fibrous portion of the penis, by four points of suture. He had subsequently repeated the operation with a slight modification, viz.: by attaching the points of suture to the skin of the penis. This plan had succeeded in everting the mucous membrane of the urethra, the orifice of which assumed a bell shape, and remained free from all the inconveniences attendant on such cases. The age of the person operated on was 63, and the case was going on most favourably.

Mr. SMITH exhibited a cast of the upper part of the body, and said, that if he had laid it on the table without mentioning the alterations displayed by dissection, he would venture to say, that no two persons could agree as to what was the actual condition of the shoulder joint of one side. There was a remarkable contrast between the two shoulders in point of configuration. On one side the head of the humerus was placed far above the level of the coracoid and acromion processes. Many persons in viewing the preparation would be inclined to look upon it as some unusual form of dislocation or malformation; it was, however, simply the result of that peculiar affection

of the joints, of which so many specimens had been brought forward by the learned president, namely, chronic, rheumatic arthritis. Mr. Smith however would not have brought forward the case had it not presented some points worthy of attention. He had often before been struck with the elevation of the head of the bone in this affection, but not so much as in the present case. The characters of the disease are these:—The upper part of the tendon of the biceps disappears, and what remains of it becomes attached to the upper part of the bicipital groove. In the specimen before him, however, the tendon of the biceps remained quite perfect. The deficiency which accounted for the elevation of the head of the bone, was to be sought for in the capsular ligament, the greater part of which was absent; what remained of it was reduced to a mere shred, and where it extended to the neck of the bone, it appeared to be nothing more than synovial membrane. The only part which retained any thing like its original appearance, lay at the inner and under surface of the head of the bone. The incrusting cartilage of the head of the humerus, was in many spots deficient, and presented the same appearances as in similar disease of the hip and other joints. The under surface of the acromion process was quite denuded, and the deltoid or triangular ligament very much relaxed; the extremity of the acromion process was also fractured, about half an inch of it being separated from the rest and merely retained by a ligamentous connection. The patient was a woman about 60 years of age, and presented during life the usual symptoms of this affection. The joint possessed a remarkable degree of mobility, and the head of the bone could be pushed up half an inch higher than its fellow. Mr. Smith observed that the preparation shewed in a very remarkable manner, the destruction or absorption of the capsular ligament, a fact never before observed by him, until he had seen Mr. Labatt's preparation, and even then he was disposed to attribute the deficiency to some injury received in removing the parts. He had, therefore, taken the greatest care in removing the preparation just exhibited, and had found that in dividing the deltoid muscle, he had cut at once into the cavity of the joint. The great peculiarity however of the case was, the integral state of the tendon of the biceps; this he had never before observed.

Dr. HOUSTON said that when the case of the wandering piper was brought before the society, one of Mr. Smith's arguments against the supposition that the disease was morbus coxæ was the presence of the ligamentum teres, for he said he had never seen or heard of a case in which the ravages of the disease were so extensive, without destruction of the ligamentum teres. He had now, however, admitted, that there might be extensive disease of the shoulder joint, without destruction of the tendon of the biceps. Perhaps when his experience became more enlarged, he would find proof of the existence of the ligamentum teres in hip-joint disease.

Mr. SMITH said that in the case of the wandering piper, there were circumstances which induced him and others to entertain doubts as to whether the appearances had any connection with the hip-joint disease at all.

Professor HARRISON said he had seen some cases, in which the tendon of the biceps was opened out, and at it were unravelled, but not absent, in Mr. Smith's case it was extremely perfect.

Mr. ADAMS said he had never seen the tendon of the biceps entire in such cases.

Mr. HARGRAVE said it was difficult to account for the extent of the dislocation in Mr. Smith's case, since according to his account the supra-spinatus and the tendon of the biceps were present.



Mr. ADAMS observed that he had generally observed dislocation of the bone inwards and forwards in cases of this affection.

Mr. HARGRAVE said that such displacement would be favoured by the action of the coraco-brachialis, and pectoralis major.

Mr. SMITH said it would be difficult to determine in what direction the displacement would occur.

Dr. BYRNE observed that the position of the head of the bone, might perhaps be attributable to the situation of the disease or its aggravated nature in one particular part. One part of the capsule may be more diseased than another, and the head of the bone would incline in that direction.

Dr. BENSON agreed in the view taken by Mr. Byrne, and conceived that the disease might commit considerable ravages in the joint, and yet, the part of it in which the tendon of the biceps played, remain unaffected, or but little affected. In different specimens of rheumatic arthritis in this articulation and in the hip, it appeared that there was much variety as to the direction in which the disease had made greatest progress. The presence of the long tendon of the biceps in this case would account for the head of the bone not being drawn forwards as usual, but directly upwards; the tendon would resist any forward displacement.

Mr. SMITH thought the explanations of Mr. Byrne and Dr. Benson satisfactory.

The meeting then adjourned.

#### USE OF MERCURY IN MORBUS COXÆ.

TO JAMES O'BEIRNE, ESQ., M.D.

Merrion-square, April 5, 1840.

MY DEAR SIR,—Your letter to the Editors of the MEDICAL PRESS, respecting your claims to the discovery of "the plan of treating morbus coxæ by rapid mercurialisation," met my eye only yesterday.

I find in that letter a reference to conversations which I had with you on two or three occasions, in which I mentioned that I had an impression on my mind that "Baron Larrey had mentioned the use of mercury in the treatment of the disease in question." I wish, in the first place, to bear testimony to the exact fidelity of your statement; and, in the second, to assure you that if you supposed that in mentioning my impression on this subject to you, (for I mentioned it to no other person,) I had the least wish "to give the merit of the practice to a foreigner," you are altogether mistaken. The truth is that I have done exactly the reverse, and that in the most public manner. In the winter of 1836-7, I treated a case of strumous disease of the knee-joint, in the Meath Hospital, by rapid mercurialisation, stating to a class, of from eighty to ninety pupils, that I did so to put your plan of treatment to the test of experiment.

For the particulars of this case, and of the clinical lecture in which I stated the favourable result of the treatment, I beg leave to refer you to my friend, Mr. Hamilton, or to any of the other gentlemen who were present. Mr. Hamilton (who has a perfect recollection of the circumstance,) will tell you that I stated to the class, "that whatever advantages might result from the practice, the credit of having introduced it was altogether due to you;" and this opinion I still continue to hold, and this, I trust, settles the account as between you and me, with respect to my entertaining any desire "to give the merit of the plan to a foreigner."

With respect to the claims of Mr. Richards, with regard to which you also make reference to me, I can only say that I am quite sure Mr. Richards never exhibited mercury with the view of exciting rapid

mercurialisation, for the cure of what he considered a purely strumous affection of the knee; but, I know, that he has often administered it in affections of the joints, which, he had reason to think, were of syphilitic origin; and further, when I commenced practice, I have a distinct recollection of the fact—that a liniment, consisting of mercurial ointment and camphorated oil, with or without caustic ammonia, was in very general use in strumous affections of the joints. I remember to have attended a case of diseased knee-joint, upwards of 25 years ago, with Mr. Peile, and a liniment of this kind was the application recommended by that judicious and experienced practitioner. I mention these circumstances, not in the slightest degree to detract from the originality of your plan, (because in none of these instances was mercury given to the extent, or with the intention, of exciting rapid mercurialisation,) but, they may, perhaps, account for the discrepancy of the evidence respecting the employment of mercury in strumous affections of the joints.

Now, one word in vindication of myself against the implied charge (I don't think it a light one,) of having given you a reference which I was not able to verify. I admit, that in the hurried search which I made in your presence into the works of Larrey, I failed to discover the passage which was so strongly in my recollection. Your letter, however, induced me to renew the search, and I at length hit upon the passage in the Campagne d'Austerlitz, Vol. II, page 399. Having stated his peculiar views with respect to the nature of the disease, which he conceives "to be a rheumatismal virus, which causes a caries of the bony pieces which form the orbicular or ginglymoid articulations, rarely producing spontaneous luxation, &c.," and having (as, I think, I mentioned to you) observed it chiefly to affect recruits of from 18 to 20 years of age. The Baron proceeds to state his treatment, which I think it better give you in his own words:—

Les ventouses scarifiées, s'il y a le moindre signe de turgescence locale, le moxa, et le cautère actuel comme topique, ont produit, pour des cas considérés comme désespérés, des effets extrêmement heureux. Les frictions mercurielles faites le plus près possible du mal et a quatre ou cinq jours d'intervalle, m'ont paru beaucoup contribuer à la guérison du malade; je suppose même qu'il n'existe aucun virus syphilitique, j'ai remarqué en général, que ce remède produisait d'excellens effets dans toutes les maladies improprement appelées maladies lymphatiques, si les malades ne sont pas encore épuisés.

I have underlined the last line, as it suggests a most important practical precept.

Believe me, my dear Sir,

Yours very truly and faithfully,

PHILIP CRAMPTON.

P.S.—You are, of course, at liberty to make what use you please of this letter.

TO SIR PHILIP CRAMPTON, BART.

North Cumberland-street,  
April 6, 1840.

DEAR SIR PHILIP,—In reply to your letter of yesterday, which I received late last night, I beg leave to express my thanks for the high and honourable manner in which you have come forward on the occasion. Although totally unnecessary, yet as you seemed to wish it, I called on Mr. Hamilton, who confirmed your statement in every particular, and in the fullest possible manner. It is now quite certain, therefore, that I misinterpreted the short conversations which we had on the subject—and that you had always given the merit of the plan, such as it is, not to Baron



Larrey, or to any foreigner, but to me, and to me alone. Again, with respect to the word "foreigner," which I used in my letter, and which you seem to consider as conveying a kind of accusation, I can safely declare that I did not employ it with any such intention, but solely to avoid the introduction of so many proper names. Indeed, if you could justly do so, I am sure that you would feel pleasure in assigning the merit of any improvement to one who received his first professional lessons under your own eye, and who owes to you much of the little that he knows.

My statement, (as you represent it) that you had given me a reference which you could not verify, is considered by you as an implied charge, and not a light one; but you do me the justice to admit that I have stated the facts as they occurred. I can only say that I did not make or intend to make that statement in the terms or manner in which you have put it: that I made it for no other purpose than that of disproving the claims advanced in favour of the late Messrs. Richards and Macnamara: and that I made it without the slightest intention of bringing a charge against you, while it never occurred to me that you would attach any importance to the failure of a mere "impression" on the subject. But I see that I was in error, and this, as well as other circumstances, makes me regret that I did not apply to you before I sent my last letter to the MEDICAL PRESS.

I perceive, however, that you have hit upon a passage in Baron Larrey's works, which *appears* to bear out your impression that he had used mercury in some form, in the treatment of the disease in question. But I respectfully submit to you, that the disease in which he used mercurial frictions, was of a rheumatic nature, and very different from that of morbus coxæ; for in the affection which he describes, he states that it is *rarely attended by spontaneous luxation*, and that it often causes *disjunction or separation of the bones of the pelvis*. It is evident, also, that he recognised the difference between the two affections, for it is a fact that although he devotes a long and separate chapter, in another part of his works, to morbus coxæ, he makes no mention whatever of the effects just alluded to, or of the use of mercury in any form. Be this view of the matter correct, or otherwise, I cannot avoid expressing my surprise at your strong recollection of works which you must have read so long ago.

Your account of, and observations on, the practice of the late Mr. Richards, and that of my honoured colleague, Mr. Peile, are extremely satisfactory, and throw a steady light on the causes of the discrepancies which exist respecting the use of mercury in affections of the joints.

I cannot close this letter without again thanking you for your very kind and timely communication.

Believe me, Dear Sir Philip,

Very faithfully yours,

J. O'BEIRNE.

#### NETTERVILLE DISPENSARY.

ST. PAUL'S PARISH.

*Half Yearly Report of Diseases treated at the above Institution, commencing 1st October, 1839, and ending 1st April, 1840:—*

Number of persons to whom advice and medicine were administered	5794
Number of patients labouring under acute diseases, attended at their own dwellings,	174
Number of patients labouring under fever, not included in the above list,	62
Number of patients labouring under fever, and sent to hospital,	15

Total number of patients, 6045

Number of prescriptions compounded, 13,034.

The general condition of the sick-poor applying for medical relief at this institution appeared to be more wretched last winter than at any previous period. The diseases under which they suffered were aggravated, and in many instances superinduced by want of sufficient nourishing food, clothing, and other necessities of life, to which they were utter strangers.

The prevailing diseases of adults were pectoral affections, chronic rheumatism, diarrhoea, and dyspepsia—those of children, (the most numerous class at dispensaries,) were quinsies, derangement of the bowels, scrofula, and severe cutaneous disorders: scarlatina and measles were, as usual, very rife, and in many instances proved fatal.

Small-pox prevailed in different district of the parish; in one house in Queen-street, in which there are five families residing, averaging a total of about twenty individuals, four children were attacked in the confluent form, none of whom had been vaccinated. It is a remarkable and gratifying fact, (which cannot be too strongly impressed upon the public mind as a proof of the utility and protective influence of cow-pock,) that the eldest child who had been vaccinated, and who was now placed in the midst of concentrated infection, escaped. Four other children had the disease also in the same house. Since writing the above report, variola has broken out in Tighe-street, in one house a child was attacked which has recovered, in another three children were seized, one of whom died, the family appeared to be in a very deplorable state of wretchedness; on questioning the mother on the subject of her not having had them vaccinated, she said, "she did not know where to get it done." Such is the ignorance and apathy of several of the unfortunate room-keepers, that they will not make enquiry, and in too many instances, they cannot afford to comply with the regulation of the cow-pock institution; that of leaving a deposit of one shilling.

It may be not irrelevant here to remark, that as Barrack-street, and the neighbouring parts are in the direct line of one of the great inlets to the city, and where the poorer class of adventurers and mendicants loiter themselves, certain infectious diseases are always to be met with in their track. Small-pox (for instance,) has frequently been imported in this manner, and it is truly painful to behold at times the unfortunate mother hawking about her infant, labouring under the effects of so frightful a malady, whilst at the same time, there is no authority for checking the practice, nor any institution or asylum in so populous a city as this where such cases might be admitted, and thereby prevent the spreading of so highly infectious and fatal a disease. Fever has prevailed to a considerable extent, and is on the increase at present, particularly in those situations, which from bad ventilation and crowded apartments, might naturally be expected to suffer. One instance may be adduced in proof of this statement. A house consisting of four apartments, in which four families reside, averaging six persons in each, three of these take lodgers, which with their own families, amount in all to about thirty individuals: amongst the entire, there did not appear to be sufficient raiment for ten, and their bed covering was of a filthy and wretched description, the rere of this house is much confined, having neither necessary nor ash-pits, and a heap of manure filling up almost the entire space, from whence the most deleterious exhalations issue. The worst form of typhus fever is always to be met with in this locality. Fifteen cases occurred in the above house, during the past three months. Several instances of a similar nature might be brought forward, but which would swell this report to too great a length, at present it is only necessary to allude to the fact, that from the total neglect of any system of medical police, and a disre-



gard to cleansing and drainage, a fomes of fever is continually existing in a concentrated form, and sure to spread through this extensive district.

Of the cases attended at their own dwellings, seventy were males, the principal support of large families, who, by the timely assistance afforded through this charity, were soon restored to health, and enabled to resume their industrious avocations. A summary of the diseases under which they and other interns laboured, is herewith annexed.

In conclusion, it is but rendering an act of justice to the promoters of total abstinence to record the fact, that since the establishment of that extensive society in this parish, the number of disorders and accidents resulting from intemperance, have greatly diminished.

*Summary of the Diseases under which those attended at their own dwellings laboured:—*

Bronchitis, (acute,) - - -	23
Pleuritis, - - -	12
Phthisis, - - -	12
Catarrh, (acute,) - - -	8
Dysentery, - - -	2
Dropsy, - - -	9
Diarrhoea, - - -	6
Pneumonia, - - -	10
Peritonitis, - - -	2
Scarlatina, - - -	2
Abortion, - - -	1
Asthma, - - -	1
Enteritis, - - -	2
Variola, - - -	13
Polypus, operated on, - - -	1
Water on the brain, - - -	2
Measles, - - -	11
Hepatitis, - - -	5
Hysteria, - - -	2
Erysipelas, - - -	4
Mesenteric fever, - - -	4
Cynanche tonsillaris, - - -	2
Concussion of the brain, - - -	1
Rheumatism, (acute,) - - -	11
Stricture, - - -	1
Syphilis, - - -	5
Scrofula, - - -	5
Lumbago, - - -	1
Paralysis, - - -	3
Injuries, fractures, &c., the result of accidents, - - -	13
Total, - - -	174

(Signed,)

JAMES MURRAY, M.D., } Medical  
FRANCIS WHITE, M.R.C.S.I., } Officers.  
CONST. B. O'DONNELL,  
Resident Medical Officer.

SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, 8th April, 1840.

GENTLEMEN,—In compliance with a wish expressed by you in the last number of the MEDICAL PRESS, to receive some brief account of the present severe epidemic fever, as it may occur in any particular district in Ireland, I beg leave to forward to you the following facts regarding the County of Clare Fever Hospital:—

Admitted in the month of January, 1840,	165
Do. do. February, do.	165
Do. do. March, do.	258
Total, - - -	588

This shows an increase, in one month, of 93 patients. This fact incontestably proves the existence,

as well as the rapid spread of this dangerous epidemic in this locality. The average mortality here in January and February, was 1 in 14—the mortality in March was about 1 in 10; here is a serious increase in the mortality.

The chief characters of the epidemic here are those of low typhus, accompanied with bronchitis and pneumonia; and in by far the greater number of cases observed by me, the severest, and the most dangerous complication was bronchitis.

Milk, fuel, meat, and potatoes, have been dearer in this place, this season, than at any period for the last seven years. The scarcity, and consequent dearness of fuel have been felt beyond description.

During the month of March, Dr. Matthew O'Brien had the charge of the male, and I had the care of the female wards. The report of the Hospital for that month, is as follows—the number of patients in the convalescent wards is not mentioned separately:—

Patients in Hospital, 1st March, 1840,	126
Admitted to 31st of March, - - -	258
- - -	384
Discharged cured, - - -	207
Died, - - -	21
Remaining in Hospital, - - -	156
- - -	384

Patients in male wards, 1st March, -	33
Admitted to 31st, - - -	103
- - -	136
Discharged cured, - - -	74
Died, - - -	10
Remaining, 31st March, - - -	52
- - -	136

Patients in female wards, 1st March, -	57
Admitted to 31st, - - -	155
- - -	212
Discharged cured, - - -	129
Died, - - -	11
Remaining, 31st March, - - -	72
- - -	212

SIMON ENRIGHT, L.R.C.S.I.

ANOTHER DEATH FROM TAKING MORISON'S PILLS.

At a coroner's inquest, held in London on the 4th inst., on the body of James Mellars, aged 26, the jury were unanimously of opinion that his death arose from taking Morison's Pills. He used to take them in doses, of from ten to twenty at a time, night and morning.

DISTRESSED APOTHECARY.

Subscription not heretofore acknowledged:—Mr. James O'Grady, Claremorris, 5s.

The following is a copy of the acknowledgment for the whole amount received, which has enabled the distressed individual to carry into effect his intention of leaving this country:—

"Received from Mr. Beaumont and Mr. Donovan the sum of £15. 10s., being the total amount of subscriptions for my use, for which I return to the contributors my most sincere thanks.

"Signed,

"\_\_\_\_\_.

"March 12, 1840."

BOOKS RECEIVED.

Guy's Hospital Reports. No. X. April. 1840.

TO CORRESPONDENTS.

Communications received from Drs. Cooke, (Frankford,) Finucane, (Ennistimon,) Shannon, (Rockcorry,) Gore, (Limerick,) Mr. Harthill, (Edinburgh,) Mr.



*W. C. Byrne, (Dublin,) Drs. Moffett, (Glasslough,) Tighe, (Castlereagh,) Foley, (Kilrush,) Spain, (Roscrea.)*

*It will save our friends and ourselves some trouble, if they will recollect that we pay no attention whatsoever to anonymous communications.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 15, 1840.

### SIR ANTHONY CARLISLE, AND THE MEN WHO TURN THE WORLD UPSIDE DOWN.

WE extract the following apology for one of the medical corporations, by a zealous member:—

"TO THE EDITOR OF THE TIMES.

"SIR,—I have 'lived long and variously in the world' without meddling with affairs beyond those of my profession, and I ask the favour of a place in your paper for some medical observations which passing discussions seem to require.

"The 'men who turn the world upside down' are hotly pursuing the established institutions of English physicians, surgeons, and apothecaries, under the plea of 'centralizing and equalizing,' or of uniting the different classes of medical men.

"If the agitators of these complicated projects had been themselves remarkably distinguished for professional talents and enlarged experience, the legislators, to whom they appeal, might equitably devote a moderate portion of parliamentary time, and of public money, to obtain impartial evidence; but the inquiry before a committee of the House of Commons, in the year 1834, forbids any such hope.

"That discontent has been fostered in every branch of the medical profession must be admitted; but, after five years of unceasing agitation, out of 14,000 English surgeons, the number of discontented does not amount to 600, a proof, at least, that the majority are not dissatisfied with their protecting college.

"The British public, to whom these specious appeals against all established medical institutions are directed, should know how the reckoning between the rulers of the London College of Surgeons and its members have stood for the last 25 years.

"The following is a statement of the expenditure:—

"For the purchase and binding of books, and for the salaries of the officers of the library, to Midsummer, 1839 ... .. £15,844

"On account of the museum, including the salaries and wages of the officers and servants of that department, to Midsummer, 1839. 47,030

"For the present building, including fixtures, 41,803

"Total ... .. £104,677

"And whence came this £104,677? Not one shilling of it from the pockets of the members—not one shilling of it from the public taxes—but every shilling of it derived from the nightly labours of the Court of Examiners

"And how stands the opinion of those members who send the candidates for examination? The following table will show:—

"In 1837, were admitted for diplomas, 303

"1838, .. .. 588

"1839, .. .. 675

"Nor does any compulsory law or other obligation bring candidates to seek the diplomas of this College, for it is entirely optional, and the Colleges of Edinburgh and Dublin are both open to English candidates upon less expensive terms.

"\* \* \* \* \* If the Colleges of Edinburgh and of Dublin entertain a wish for equality, let them compete with the London Medical Institutions, and, if found to excel, they will assuredly obtain a preference; but, as universities for instruction, and also for the granting of licenses to practice, they have no analogy to the Colleges of physicians and surgeons of London, which are not so constituted,

"The preferable schools of surgical education in London, and of medical education at Oxford and Cambridge, have never ceased to produce surgeons and physicians celebrated throughout the world, and they will so continue to do, unless, through any unforeseen event, they should be reduced to a state of common mediocrity.

"\* \* \* If the agitators for legislation must have an occasion for the interference of the legislature, the following declaratory enactment might serve to protect the public:—

"That those persons only who had obtained the requisite diploma, degree, or license to practise surgery, should assume the style or title of surgeons.

"That those persons who should thereafter assume the style or title of surgeon without having obtained the requisite diploma, degree, or license, should be liable to certain penalties.—I am, sir, &c.,

"ANTHONY CARLISLE.

"Langham Place, March 24, 1840."

We will venture a few observations on the worthy knight's defence of self and fellows, with all due respect and good humour. First, we shall tell him that "the men who turn the world upside down" are hotly pursuing the institutions of English physicians and surgeons, because he and others similarly circumstanced, are running away with them from the proper owners, just as people raise the hue and cry when gentlemen of another profession make free with property which does not belong to them. They are hotly pursuing those who have, contrary to right and justice, usurped powers and engrossed emoluments, to which they have no lawful title. They are demanding that the London College of Surgeons, shall be the College of its fourteen thousand members, and not the College of Sir Anthony Carlisle, and his twenty brother councillors. We will allow the erudite knight's fling at the "professional talents and enlarged experience" of the "AGITATORS" to pass, reminding him that on such a topic, little said is soonest mended. When the members of the council of the London College are selected for their "professional talents, and enlarged experience," exclusively, we will enter into comparisons. How the champion of the "protecting College" has ascertained, that the number of the "discontented" is exactly six hundred, we cannot tell; but if he can by any means shew that six hundred out of the fourteen thousand are "contented" with his ministry, we will forswear the agitation of medical reform.

But touching the much injured councillor's figures. We like not such garbled and imperfect accounts of his pecuniary administration, and will therefore endeavour to assist his memory as to the true state of the case, and enable him to settle more correctly the reckoning between the "rulers of the London College and its members." The annual income may be stated, in round numbers, at twelve thousand pounds, of which there is paid—

	£	s.	d.
To 21 members of council, ...	350	0	0
To 10 examiners, ...	3000	0	0
For dinners, venison, tea and coffee, ...	200	0	0
Salaries of officers, ...	2200	0	0
Museum, exclusive of salaries, ...	750	0	0
Library, exclusive of salaries, ...	350	0	0
Instruction by lectures, prize essays, &c. 200 0 0			
Catalogues, and other publications, ...	850	0	0
Taxes, rent, and other incidentals, ...	1500	0	0
Funded, ...	3500	0	0

Far be it from us to cavil about the above items of expenditure; we suppose that twelve thousand a year could not be better applied for the benefit of the profession and the public. Three hundred a year we will even admit is not too much, if enough, for an examiner in actual employment, provided always that he has more "professional talents and enlarged ex-



perience," than a "hotly-pursuing agitator," which we are quite sure good Sir Anthony has. The shabby item for dinners, venison, tea and coffee is disgraceful to any corporation, much more to one which boasts such a judge of good eating as the writer of this letter. Two hundred pounds indeed! It would not pay for much more than one such dinner for the council, at the London Tavern, as he could approve of. The application of five thousand seven hundred pounds, about one half the entire income, to the payment of salaries and fees is considerate and praiseworthy. No institution supporting a court of examiners, a museum and a library, could be carried on at less expense. It is an odd coincidence that the sum expended for the diffusion of professional knowledge by lectures, orations, and prizes, is precisely the same as that for dinners, venison, tea and coffee; but then, what have Colleges of Surgeons to do with instruction, they are only intended to dispose of licences and diplomas, and perhaps here and there to keep a museum, or open a library and news-room, for the metropolitan members to lounge in.

"And whence, (says Sir Anthony triumphantly,) comes this £104,677? Not one shilling of it from the pockets of the members." Not one shilling from the pockets of the members!!! Now what consideration is to be expected from men, who thus shut their ears and eyes to notorious facts, and persuade themselves that black is white, because it suits their interests? The real truth is, that eighty thousand pounds at least of this sum, has been wrung from the pockets of the members; and that, of the whole twelve thousand pounds a year, which constitutes the income of the College, ten thousand are derived from fees paid by the members for the licence or diploma. But, says Sir Anthony, "every shilling of it is derived from the nightly labours of the court of examiners," as if they were associated and assembled as a joint stock company for the sale of diplomas, and that this hundred and four thousand pounds, was merely so much cash received for manufactured goods, sold and delivered, the produce of their nocturnal toil, and to be applied if not for their benefit, at least to objects selected by them exclusively.

But what is the proof adduced of the flourishing state of the college, and of the high opinion entertained of it by "the members who send candidates for examination?" Why, forsooth, that the number of diplomas sold has increased from 303 in 1837, to 675 in 1839, in our opinion, one of the principal causes of complaint against it. Are the ranks of the profession so thin, or the wants of the public so pressing, that undue facilities should be afforded additional members to embark in practice, or that young men, ignorant of the real state of the case, should be enticed to follow a pursuit which will not afford them the means of living? Oh no, good Sir Anthony, we may say as the frogs in the fable, what is sport to you is death to us.

The colleges of Edinburgh and Dublin are challenged to compete with the London college. To compete in what? Not to show who can furnish the best-educated practitioners for the public service, but who shall furnish the greatest number. Alas, *hinc illæ lachrymæ*, this is the vile competition which has prostrated the medical institutions of the three kingdoms, and brought disgrace and degradation on the profession. We do not blame or accuse the London college more than others: the principle influences all, and the results vary only in degree; but we are strong in our conviction that the great and pressing evil of the present moment is the diploma trade, carried on by the medical corporations, without restraint or superintendence. It is an evil "which has increased, is increasing, and ought to be diminished."

# MEETING OF THE MEDICAL ATTENDANTS OF THE DUBLIN DISPENSARIES.

We hope to be able to give a full report of this important meeting next week. We are glad to find that these gentlemen are at length becoming alive to their own interests.

## MEDICAL ASSOCIATION OF IRELAND.

### PROCEEDINGS OF COUNCIL.

SATURDAY, APRIL 11, 1840.—Council held an adjourned meeting.

The following letter from Lord Normanby was read:—

"Whitehall, April 8, 1840.

"SIR,—I have had the honour to lay before the Queen the loyal and dutiful address, on the occasion of her Majesty's nuptials, from the President and Council of the Medical Association of Ireland; and I have to inform you that her Majesty received the address very graciously.

"I have the honour to be, Sir, your obedient servant,  
"NORMANBY.

"Richard Carmichael, Esq., President,  
Rutland Square, Dublin."

Letter read from Mr. John Wilkinson, of Limerick, stating that he had been fined £20 for non-attendance, as a crown witness, at the Quarter Sessions of Tulla, (distant 14 miles from Limerick,) it being notorious that the assistant-barristers have no power of remunerating medical witnesses. With reference to some questions raised by Mr. Wilkinson, as to the power of assistant-barristers, it was—

Resolved.—That the Council regret, that as Mr. Wilkinson is not a member of the Association, they cannot employ the funds entrusted to them for the purpose of obtaining legal advice in his case.

The deputation (consisting of the President, Secretary, and Treasurer,) appointed to wait on Mr. Drummond, reported that they had laid before Mr. Drummond the facts of the case of Dr. Jagoe, of Ballineen, and also of Mr. Wilkinson—that they were very kindly received by Mr. Drummond, who fully acknowledged the extent and hardship of these grievances. He recommended that remonstrances should be forwarded to the judges for the purpose of impressing upon these functionaries the propriety and necessity of suitably remunerating medical witnesses in cases similar to that of Dr. Jagoe. With respect to cases of misdemeanour, in which the law does not empower judges or barristers to order presentments for expenses of witnesses, Mr. Drummond suggested that a petition to parliament should be prepared by the Council, and a copy of it transmitted to government.

The Deputation had some conversation with Mr. Drummond, respecting the claim for remuneration of Dr. Edge of Newtown, to whom the Clerk of the Crown had tendered seven guineas for five days' attendance at Maryboro' Assizes. Upon a full consideration of the matter, Mr. Drummond ordered ten guineas to be paid to Dr. Edge.

Resolved.—That a form of remonstrance to the judges, as suggested by Mr. Drummond, and a petition to parliament be prepared against next meeting of Council.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.—The last evening meeting for the season was held on Friday, 10th inst., the President, Dr. G. A. Kennedy, in the chair. His Excellency, the Lord Lieutenant, and a large number of distinguished visitors were present.—Papers were read by Dr. Brady, Professor of Medical Jurisprudence to the College, and by the Rev. R. Walsh, M.D.

VACANCY.—Dr. Stirling has resigned the Innistogie dispensary, county Kilkenny—salary £100 per annum.—*Limerick Chronicle*.

OBITUARY.—At Kingstown, Joseph Mayne Cooke, Esq., M.D.—At Liverpool, John Grant, Esq., M.D.



### MEDICAL AND SURGICAL SOCIETY OF NEW-CASTLE-UPON-TYNE.

At the anniversary meeting of this society, held on Tuesday, Mr. C. T. Carter read a petition (addressed to both Houses of Parliament,) praying that the immediate attention of the legislature may be directed to the existing state of the medical profession in Great Britain and Ireland. On the motion of Dr. Elliott of Gateshead, seconded by Mr. H. G. Potter, of Newcastle, it was resolved that the petition be adopted, and that two copies be signed, on behalf of the society, by the President and Secretary. The petition to the House of Lords is to be forwarded for presentation to the Duke of Wellington, and that to the House of Commons to Wm. Ord. Esq. M.P. The following gentlemen have been elected officers of the society for the year commencing March 31, 1840: *President*, Dr. Headlam; *Vice-Presidents*, Mr. John Fife and Dr. White; *Committee*, Mr. C. T. Carter, Mr. Annandale, Mr. Tulloch, Mr. Hardcastle, Mr. Sang, Mr. Brady, Mr. Bennet, and Dr. Embleton; *Treasurer and Secretary*, Mr. T. M. Greenhow. The society consists of 52 ordinary and four honorary members.

### NORTH OF ENGLAND MEDICAL ASSOCIATION.

At the meeting of the council, on Wednesday last, the 8th inst., the Secretary announced that copies of the report, petition, and memorial of the association had been transmitted to all the Members of Parliament connected with the counties of Northumberland, Durham, and Cumberland, and to several others, accompanied by letters requesting that their attention might be directed to the subject of medical reform. Answers were read from Matthew Bell, Esq. M.P., Christopher Blackett, Esq. M.P., John Hodgson Hinde, Esq. M.P., Robert Ingham, Esq. M.P., Samuel Irton, Esq. M.P., Andrew White, Esq. M.P., and Richard Hodgson, Esq. M.P. Letters were likewise read from Dr. Barlow of Bath, Dr. Hastings, of Worcester, Dr. Cox of Edinburgh, Mr. Glen of Glasgow, and Mr. Livingston of Dundee. Communications were stated to have been received also from Dr. Maunsell of Dublin, Dr. Rumsey of Amersham, Dr. Cahill of Berwick, Dr. Elliott of Carlisle, Mr. James of Exeter, Mr. Watson of Stourport, and Mr. Fortescue of Plymouth.

[Petitions to Parliament in favour of medical reform have lately been presented from London, Edinburgh, Glasgow, Berwick-upon-Tweed, Gateshead, Sunderland, Hull, Nottingham, Bridgenorth, Kidderminster, Stourport, Exmouth, from the North of England and East of Scotland medical associations, &c. Similar documents, we understand, have been forwarded to London, from Newarth, Carlisle, Whitehaven, North Shields, South Shields, Worcester, Brighton, and other places.]

### MEDICAL INTELLIGENCE.

#### HOUSE OF COMMONS.—APRIL 8.

Sir C. GREY presented a petition from medical practitioners at Tynemouth, praying for medical reform.

#### RECOMMENDATIONS IN THE REPORT OF THE NAVAL AND MILITARY COMMISSION.

**ARMY MEDICAL OFFICERS.**—Rank of Assistant-Inspector to be abolished.

Staff Surgeons to have the pay, and half-pay, and the comparative rank with other officers of the army, now enjoyed by Assistant-Inspectors, making also the rank of Staff Surgeon the regular intermediate step

from that of Regimental Surgeon to that of Deputy Inspector.

Assistant-Staff Surgeons to be divided into two classes, allowing the first class the rank and pay of Regimental Surgeons.

**Medical Officers**, retiring after twenty-five years' service, to have the advantage of the reduced, instead of the retired, scale of half-pay.

**Staff Officers**, attached to an army in the field, to have the services of a soldier servant: and when not employed in the field, to receive, as compensation for the services of a soldier, an allowance not exceeding a shilling a day.

**NAVAL MEDICAL OFFICERS.**—Officers with respect to rank, pay, and additional pay for length of service, and also with respect to half-pay and retired pay, to be placed on a scale more nearly corresponding to that assigned to officers of the Army Medical Department, than the present; but the benefit of any new regulation, in this respect, not to be extended to any medical officer upon half-pay, nor to any medical officer who may hereafter come upon full pay, until he shall have served on some station for a period to be prescribed by the Board of Admiralty.

### POOR-LAW INTELLIGENCE.

**SOUTH DUBLIN UNION.**—A rate has been struck at 5<sup>1</sup>/<sub>2</sub>d per pound for the half year.

### PROMOTIONS.

**NAVAL.**—Surgeon John Wilson to the Vanguard. Assistant-Surgeons.—J. G. Risk and James G. Buchanan to the Vanguard. Mr. J. T. Moxey (additional) to the Britannia.

### REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1840.	Max. T.	Min. T.	Barom.	Rain.
Sunday	April 5th	55	41	30.150	.040
Monday	6th	55.5	42.5	29.682	.030
Tuesday	7th	54.5	34	30.300	
Wednesday	8th	51	34	30.310	
Thursday	9th	55	36.5	30.420	
Friday	10th	59	47.5	30.400	
Saturday	11th	63	50.5	30.050	

Just published,

### ELEMENTS OF THE PRACTICE OF MEDICINE.

Part I., price 3s., including Typhus and other Fevers.

By CHARLES LENDRICK, M.D., F.R.C.D., Queen's Professor of the Practice of Medicine, Clinical Physician to Sir Patrick Dun's and Mercer's Hospitals, &c.

Dublin: HODGES and SMITH; London: Longman and Co.; Edinburgh: MacLachlan and Stewart.

### CARMICHAEL PREMIUMS.

#### RICHMOND HOSPITAL, SCHOOL OF MEDICINE, &c. &c.

The EXAMINATIONS for the above PREMIUMS, (which consist of Books to the value of £30,) will take place on WEDNESDAY and THURSDAY, the 15th and 16th of APRIL, at Four o'Clock.

#### COOMBE LYING-IN HOSPITAL.

The SUMMER COURSE OF INSTRUCTION will Commence on FRIDAY, 1st of MAY, at Twelve o'Clock, Noon.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho. Wednesday, April 15, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXVIII.]

DUBLIN, WEDNESDAY, APRIL 22, 1840.

{ PRICE SIXPENCE,  
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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Sur-  
gery in the College.

### LECTURE XIV.—TREATMENT OF ERYSIPELAS.

You may recollect, gentlemen, that at the commence-  
ment of the course I endeavoured to impress upon  
you the impossibility of my being able to convey to  
you from this place a sufficiently comprehensive, and,  
at the same time, a practical knowledge of dis-  
ease—that, however, I might be enabled to delineate  
the prominent and most characteristic features of any  
affection, and lay down the broad principles of treat-  
ment, the minute details must be worked out by your-  
selves: and if there is any one affection which, more  
than another, illustrates this position, it is that which  
is the subject of this day's lecture—the treatment of  
erysipelas. In hospital, the young man, perhaps in  
the commencement of his career, sees a certain af-  
fection which he is told is erysipelas, subjected, not  
by different practitioners, but by the same individual  
to opposite and even contradictory plans: he proceeds  
immediately to consult authorities and finds every-  
where a similar diversity of opinion and of practice;  
and no wonder if he becomes bewildered and em-  
barrassed, and almost doubts whether the practice of  
his favourite profession is guided by reason, or go-  
verned by principle. But, in hospital, there may be  
some mode of escaping from these difficulties that  
cannot exist here. Standing by the bedside of a pa-  
tient, a teacher might be enabled to point out the  
leading features of local disease or constitutional dis-  
tress that would determine him to adopt a particular  
course of treatment—he might shew the change that  
occurred from one day to another which would re-  
quire to be met by some corresponding change of

practice—he might explain those minute shades of  
difference, often so very important, but which require  
personal observation in order to be recognised—all  
this would be an appeal to the senses, and would  
greatly facilitate the comprehension of a student;  
but here I can possess no such advantage, and I almost  
despair of being able to convey any accuracy of idea  
on so complicated a subject by the powers of descrip-  
tion alone. But the attempt must be made, and here  
let me recall to your recollection that which I endea-  
voured to impress on you in my last lecture—that  
erysipelas is not a single or simple disease to be pal-  
liated or removed by one plain and well-established  
line of treatment—that it not only embraces nume-  
rous species or varieties, but that each species is con-  
stantly, during its progress, assuming new characters  
or phases, and then you will understand how it hap-  
pens that there is no mode of general treatment, from  
the most rigidly antiphlogistic, even to the stimulant  
and irritating, that has not been occasionally adopted,  
and that may not be indispensably necessary; no  
topical application from the mild refrigerant even to  
the blister or the caustic. But if we are to tread the  
mazes of this labyrinth with any degree of success,  
it must be by adopting some methodical arrangement,  
and, perhaps, we may not deviate from that which we  
adopted in the last lecture—namely, the consideration  
of the disease generally in its more common and  
simple form in the first instance; subsequently branch-  
ing from that to the varieties or species. And first  
let us premise—

That, as it is a disease consisting of local and con-  
stitutional symptoms, it will be requisite to consider  
the remedies applicable to each, with this reservation,  
that as it is the fever that most frequently destroys,  
or appears to destroy the patient, so it is to it the  
chief portion of attention ought to be directed.

That, in estimating the influence of these classes  
of symptoms on each other, we find the quality or



type of the fever to depend on the species of efflorescence present—the quantity, or rather the severity, generally on its extent.

That, whenever the disease prevails as an epidemic, it deviates more or less from its ordinary character, and presents features peculiar to itself, which are only to be learned by experience on each particular occasion.

That, under any circumstances, it is not a disease that can be cut short and suddenly arrested in its progress: once formed, it must run its course throughout, and hence the treatment resolves itself into the meeting and combatting of each symptom as it becomes developed, in order that the natural termination may be favourable. In this assertion, however, I am not to be misunderstood as asserting that the spreading of erysipelas may not be stayed by certain modes of treatment; but that the total disappearance of the disease and convalescence of the patient cannot be suddenly accomplished.

Now, when we come to discuss the treatment of erysipelas generally, I imagine the first point to be determined is as to its inflammatory nature, inasmuch as the broad principle of practice, whether antiphlogistic or not, must depend on the view taken of it in this respect. Already I have mentioned that there exist a great discrepancy of opinion on this point, and to whatever side we are disposed to lean, we shall not want abundance of authority to support us. All the ancient writers, almost without exception, speak of it as a bilious disease—that is, I suppose, one produced by, and holding intimate relation with, some derangement of that important system; and such is their view of the pathology even where in practice they recommend antiphlogistic treatment. Amongst the more modern surgeons, the celebrated Desault seems to be the great advocate of the constitutional nature of erysipelas: he gives to that assemblage of symptoms, which I have called the simple or common form of the disease, the name of “bilious erysipelas,” and says that this is its most proper appellation, inasmuch as the word conveys the idea of the unhealthy condition of the *primæ viæ*, one of its most distinguishing symptoms. On the other hand, the supporters of an opposite doctrine are numerous and of high reputation, foremost amongst whom I would place the present Mr. Lawrence, of London, whose observations on the subject are forcible and judicious; and if I was disposed to attach myself to either extremity of opinion, it should be to the latter, limiting myself, however, to the disease as it occurs in the young, the robust, and the plethoric, and even then to its first and earliest stages. For, I think, we may practically divide the disease into two conditions or stages—one of excitement or inflammatory—the other of depression or typhoid—and this will be found to be generally correct, although, as in other fevers, the inflammatory stage may be so prolonged as to impart to the attack its own character alone, and be succeeded by a slight debility, or it may be so short that, from the commencement, the typhoid symptoms shall appear to be predominant: of course, the treatment, both local and constitutional, should be suited to the prevailing symptoms.

It is then in the commencement of the attack, if ever, that the disease is to be considered inflammatory, and then, if ever, that active antiphlogistic remedies are to be employed. I say “active,” because aperients, purgatives, and sudorifics are part of an antiphlogistic treatment, and they are indispensable in almost every case, and, therefore, I refer the term to bleeding and similar modes of depletion.

Now, although counselled by very high authority, as applicable to the young, the robust, and those of very full habit, I am disposed (speaking of the treatment) to object to venesection, unless in cases where there is an evident inflammatory determination to some important organ, and these cases are not very likely to occur. The young and the strong are not very prone to erysipelas, and besides, as I know that in its progress the fever will have a tendency to assume a different type, I should dread the possible effect of so sudden and so powerful an evacuation afterwards, except in such cases as those this moment mentioned. But other antiphlogistic measures are not liable to the same objection, and amongst them emetics have always sustained a very high reputation; nay, it has been averred that the administration of an emetic may possibly arrest the progress of the disease altogether. Yet I doubt that such result can ever be fairly attributed to the practice: possibly, if given at a very early period, during the existence of the premonitory symptoms, it might have the effect of preventing the appearance of the efflorescence; but once the eruption has come forth, I am satisfied an emetic will rarely cause its sudden recession. However, in any disease attended with nausea, a furred tongue, and other symptoms of gastric derangement, it seems only reasonable to suppose that relieving an oppressed stomach must be beneficial, and, accordingly, in practice we find the administration of an emetic, in the early stage of erysipelas, very generally followed by a marked improvement. In an erratic form of the disease which prevailed in the Meath Hospital about three years since, we frequently saw that the disease ceased to extend itself farther after the operation of an antimonial emetic: the practice was, on that occasion, first resorted to by Mr. Smyly, and followed by his colleagues with very satisfactory results.

The nauseating plan of treatment, by means of small doses of tartar emetic, as recommended by Desault, must next claim our attention, more especially as it has been extensively followed, and generally with success. He considered that the seat of the disease was essentially in the *primæ viæ*—that there existed a real but unknown relation between the gastric organs and the parts attacked with erysipelas—and hence that the external efflorescence was, as it were, sympathetically produced. His practice naturally followed on such doctrine. In every case of simple or bilious erysipelas, no matter what might be the heat of the skin, or the violence of the fever, he prescribed a grain of the tartrate of antimony, dissolved in a large quantity of whey, or some other menstruum which was to be the patient's ordinary drink: and he states the effect to be, “that the symptoms commonly diminished immediately after the effect of this drink: they have even been observed to cease altogether, although the remedy had produced no other effect than an increase of perspiration and of urine.”

Thus, tartar emetic is a kind of specific in the hands of Desault, and I am by no means disposed to quarrel with his explanation of its *modus operandi*; but, besides, I have always regarded this medicine as peculiarly valuable in many forms of inflammation: administered in small and nauseating doses, it diminishes all the powers of life, and, amongst the rest, those which are operating in disease—thus checking the progress of inflammation, and preventing it from producing those results or effects which are often the most formidable and unmanageable parts of the disease. In inflammations of the bronchial membrane—in croup—in some affections of the eyes, and such like, its efficacy has long been recognised; and those who consider erysipelas to be an inflammatory disease will probably be disposed to regard it as equally va-



uable in it also. Very generally the tartar emetic opens the bowels sufficiently; but, if it does not, this is a part of the treatment that must never be neglected. A few grains of calomel, followed by a mild saline aperient, will usually answer the purpose; for I do not consider it judicious to employ drastic medicines, or continue a system of purgation, if it produces debility or exhaustion. The tartar emetic often determines to the skin, but if it does not, or in cases where it has not been employed, we must use medicines for this purpose; the nitrate of potash, in combination with the liquor acetatis ammoniac, and a small quantity of the vinum antimonii, is often extremely efficacious.

Under this treatment, the simple erysipelas commonly subsides, leaving the patient probably somewhat reduced, and requiring a good air, generous diet, and, perhaps, tonic medicines, to perfect the recovery. Seldom, however, is the asthenic stage troublesome or dangerous; but in the more aggravated forms of the disease, the inflammatory fever merges, with a greater or lesser degree of activity, into typhus, and, perhaps, the chief difficulty of the treatment, and that in which the practitioner shows most sagacity, is the seizing on the moment when the antiphlogistic plan must be laid aside, and a more invigorating one adopted. From this time the treatment is that of low typhoid fever, into the particulars of which I need scarcely enter here. In order to support the patient's strength, or to stimulate his oppressed and failing energies, we employ wine or porter—quinine, musk, camphor, or ammonia, according as symptoms and circumstances may require: but I think the most important part of the treatment has reference to the existence of internal disease, when it can be discovered. Thus, sometimes we are obliged to leech or to blister the head, sometimes the chest, and, in some obscure cases of erratic patchy erysipelas, I have seen decided benefit from the administration of an emetic, and the application of a few leeches to the epigastrium, even where the existing debility seemed to forbid so trifling an evacuation. But I cannot dwell on these details here, and must again refer you to your hospitals, the various shades of disease that may render a modification of practice necessary, are too minute to be learned from description—they must be seen in order to be understood.

As to local treatment, it is as difficult to be described and as complicated as the other. The different applications, are numerous and varied, each extolled by some, and decried as useless or denounced as injurious by others; but let not this uncertainty, or even opposition of opinion, lead you to believe, (as it has done with many,) that all applications are useless, because in practice you will often see topical treatment highly beneficial. The truth is, that in a disease possessing such a variety of character and symptoms, it may be difficult to adapt and select the precisely suitable remedy to each particular case, and if a practitioner chooses to build his faith on one drug, or one particular medicine, it will be no wonder if he experiences disappointment and disgrace. For instance, with respect to leeches, some recommend them in the warmest terms of praise—some are afraid to apply them to the inflamed part itself, but have no objection to place them in its immediate neighbourhood, or at its edge—others still exclaim against their use as likely to aggravate the disease, or even cause it to run into gangrene. Now, I think it quite possible that each of these statements may be perfectly true, and if you applied leeches to every case of erysipelas that occurred, you would adopt one or other of them, according to the type or form of the disease that came most frequently under observation. It is quite true that they will not procure a sudden resolution, because

such does not happen in erysipelas, but they relieve tension, they assuage pain, and they furnish a means of depletion where more active measures cannot be resorted to. As to the danger of their bites proving irritating, and causing the disease to spread or to run into gangrene, I entertain no such apprehension. I know that such bites on the sound skin have been followed by erysipelas, or by mortification, or hospital gangrene, but have never heard such facts adduced as arguments against the use of leeches at all; and yet it would be just as legitimate so to do as to deny their employment in the case under consideration, because some mischief may have occasionally ensued. Under proper restrictions, leeches may be extremely useful; but it is not always easy to discover what these restrictions are, until developed by sad experience. When erysipelas prevails epidemically in connexion with inflammation of veins, local bleeding appears to be of great importance; but I recollect an epidemic that broke out at a time when puerperal fever prevailed, in which such small depletion seemed injurious. When erysipelas seems contagious, or propagated by contiguity, I think leeches may be hazardous. In the sporadic form of the disease, I would seldom employ them—in the erratic, perhaps never: and I might pass the gangrenous without any remark, conceiving that no one would entertain the idea of using them under such circumstances, if it was not that I have really seen the practice more than once. Can it be a matter of surprise if the leech-bites should then run into mortification!

In the simple erysipelas, I do not think local applications ever produce much benefit, the disease running its stated course, and terminating in resolution almost unaffected by them. Cold is very seldom employed, I suppose under the idea that it might possibly cause a recession of the efflorescence, an apprehension that I think nearly groundless; and I have used cloths dipped in cold water, the limb being afterwards enveloped in oiled silk, with the effect of soothing the burning, pricking pain of which the patient so much complains. Warm stupes or fomentations are much more generally used, and they are said particularly to have the effect of relaxing any tension that may be present, and relieving pain; but it is requisite to persevere in their use for a considerable time. Certainly, where so great a good as the diminution of present suffering can be obtained, it is right to adopt any measures that can produce it; but you will probably find the generality of cases uninfluenced by any topical treatment, and it is generally resorted to more to amuse and employ than to benefit the patient. Sometimes, and particularly when vesications are present, we dust the inflamed part over with finely-powdered starch or flour: this keeps the surface dry, and is a light covering to exclude the atmospheric air, which in some instances seems to increase the burning and tingling sensations. In other cases, where the disease is slight and superficial, rather resembling erythema than erysipelas, where there is but little constitutional derangement and no fever, I have frequently seen benefit derived from the use of lotions of nitrate of silver, or even from rubbing the solid stick of caustic over the inflamed part: in some instances, this has the effect of producing vesications which are always a favourable symptom, and regarded by some as critical—in other cases they appear equally serviceable, although not occasioning any sensible result beyond staining and blackening the skin. We owe the first suggestion of this practice, I believe, to Mr. Higginbotham of Nottingham, and the similarity between the effects of the nitrate of silver on the skin and on the patchy erythema of the throat, as recommended by Mr. McKenzie, is strikingly remarkable.



The nitrate of silver in its solid form, rubbed on the adjacent sound skin, has also been found beneficial in arresting the progress of sporadic erysipelas; it must, however, in order to produce this effect, be rubbed a sufficient time to occasion vesications. Blisters also have been applied, both to the inflamed surface, and to the adjacent sound skin, with a similar intention, and, it is said, with considerable success. I cannot at this moment call to mind an instance in which I have seen them applied to the efflorescence itself, but in many cases I have used narrow strips of calico, spread with blistering ointment, in the immediate neighbourhood, with the apparent effect of checking its progress. The practice rests on the recommendation of eminent practitioners in France and in America, but it is, nevertheless, wholly empirical. We know not, *a priori*, where it will be useful, or where not—we try it as a matter of experiment, and where it succeeds, we cannot tell wherefore. In the Meath Hospital I have seen it successful in one case, and a total failure in another, only a couple of beds distant. The application of mercurial ointment has also been recommended in the same manner, and with the same view, but perhaps similar observations will apply to it also.

As the gangrenous erysipelas differs in nothing from mortification under other circumstances, its treatment will be, with more advantage, noticed hereafter, when we come to speak of the varieties of this latter affection: it only remains, therefore, now to address ourselves to the treatment of phlegmonoid erysipelas.

And here allow me shortly to remind you of what I have before stated as to the pathology of this disease, that the essential character of it consists in its extensive destructiveness—that suppuration exists beneath, mixed with sloughs of cellular tissue, and that this matter, not being confined within a cyst, spreads in every direction with great rapidity, so that there is neither stop nor limit to the progress of the mischief. I also mentioned that if neglected, large portions of mortification formed on the skin, which, on their separation, left the muscles or facia uncovered, and terminated in tedious, unmanageable ulcers. From this view of the subject, then, its treatment resolves itself into two simple indications—to evacuate the matter freely, and to do so at the earliest possible period, in order to preserve the skin; and now the only point for discussion is as to the mode of performing this plain and easy operation. Mr. Lawrence recommends one, or, if necessary, two long incisions, carried through the centre of the disease, in a direction parallel to the long axis of the limb. Mr. Copland and Hutchinson objects to this practice, as being unnecessarily severe, and often inefficacious, inasmuch as spots of suppuration and patches of gangrene often form on different and distant parts of a limb, which require to be opened, and might, nevertheless, not be included within the range of this one incision, and recommends a number of small incisions, according to the particular circumstances of each individual case. Doctor Dobson, physician to Greenwich Hospital, treated this disease by numerous punctures in the affected part, the depth of each puncture varying from two to four-tenths of an inch, according to the quantity of tumefaction present. This latter practice I can scarcely imagine applicable to phlegmonous erysipelas: in the simple form of the disease it might possibly stand as a substitute for leeches—in the œdematous, it might unload the part of some of the effused serum: in any case it might relax tension and relieve the congested state of the vessels, but where the object is to give free exit, not only to purulent matter, but to large, ragged, and uneven masses of dead cellular tissue, it is difficult to think how punctures of a lancet, however

numerous, could tend to its accomplishment. Indeed I should not have included this among the suggestions for the treatment of the form of disease under consideration, had not its author expressly stated that he used it in every form of erysipelas, whether “simple, traumatic, or phlegmonous,” and that he had treated some hundreds of cases without a single failure.

Amongst the aged patients in Greenwich hospital, it is not probable there were many cases of acute erysipelas phlegmonodes, and this, to my comprehension, accounts for the singular success, for I must again express my doubts of its applicability to this particular form of disease. As to an attempt to discuss the superiority of Mr. Lawrence’s or Mr. Hutchinson’s plan, it would be arguing about a phantom, and creating a difference where there was none. I understand Mr. Lawrence to be speaking of a limb extensively attacked with the disease, equally swollen all round, and equally tense and red, and shining in every part, and in such, his practice would be effectual: in any case where there were detached spots or patches, more elevated, more polished, and more painful than the rest; I think that acute and experienced surgeon is not the man to leave any source of mischief in a limb unsought for and unexplored. But to return to the subject, phlegmonous erysipelas must be treated by incisions of a sufficient number, depth and extent, to allow the free escape of all the matter and sloughs that are or may be formed afterwards. In hospital, we never see a patient before suppuration is established, and therefore, there is never delay, but if we did, it should make no difference: the natural tendency of the disease, is to the formation of matter, which an incision allows to flow off immediately, and even where no pus appears at first, (which is an extremely rare occurrence,) the incisions give great and immediate relief—the subsidence of the swelling, the diminution of the intensity of colour, and the corrugated appearance of the skin, giving sensible evidence of the relaxation occasioned by the flow of blood, and serum from the wound.

In this, as in every other case of an incision being made into an inflamed part, blood flows more abundantly and continues to flow for a longer period than would happen under the ordinary circumstances of a similar wound: in this way a large quantity of blood is sometimes lost. As long as the hæmorrhage is restrained within the bounds of moderation, the discharge is beneficial, and in general ceases spontaneously with the subsidence of swelling and tension in the part, but sometimes it is otherwise, and blood may be lost to an extent that might prove serious, if not dangerous. It is seldom necessary to do more than elevate the inferior part of the limb, so as to afford every facility to the return of the venous blood, and if this does not succeed, the introduction of some lint into the wound, will effectually check the bleeding: but, it is necessary to watch the case for some hours, as I have known smart hæmorrhage to occur, when the patient had become warm in bed, even though little had flowed at the time of operation. I am in the habit of applying cold water dressing to the part for several hours, which may be continued or changed for fomentations or poultices, according to circumstances, and I think, unless the case has been neglected until gangrene has been established, there is seldom any serious trouble experienced. When such is the case, it may be necessary to combat the fever that always attends on mortification in the first instance, and afterwards to support the strength by tonics and stimulants, during the progress of the large sores left by the separation of the sloughs: in short, it becomes a case of gangrene, a subject of great importance, which shall come under consideration in our next lecture.



PECULIAR AFFECTIONS OF THE THROAT,  
ARISING FROM ABSCESS BETWEEN THE  
PHARYNX AND SPINE.

Dr. C. FLEMING has published two cases illustrative of this subject, of which the following abstract will be interesting to our readers:—

"Three boys in a family of five children were suddenly seized with vomiting and febrile symptoms, and one died in convulsions in thirty-nine hours from the first attack.

"On Monday, the fourth boy sickened with precisely the same train of symptoms. His age was three years and a half, and in appearance he was healthy. The premonitory symptoms of his attack, at first mild, after about thirty-six hours, assumed most intense severity, and without unnecessarily particularizing their progress, it may be stated, that the most aggravated form of high inflammatory fever set in, principally engaging the cerebral organs, and requiring the most energetic treatment to combat it. On about the fourth day, convalescence appeared established, but from day to day a peculiar fixed position of the head, and stiffness in the neck, now attracted attention. The head was drawn back. The muscles, at first tense, became completely and permanently rigid, and the movement of the head painful, and remarkably limited. Soreness in the throat was complained of, and also great difficulty in swallowing, at times accompanied with violent spasmodic efforts. There was no cough, and the voice remained perfect. The articulation became remarkable,—the words being as if drawn out with pain and difficulty, and at times perfectly unintelligible.

"Repeated and careful examination of the fauces and neck could not detect any apparent local cause for those symptoms, which, with varied degrees of intensity, advanced, producing equally alarming constitutional disturbance and debility.

"On about the tenth day, the symptoms had reached their acmé; the child emaciated and weakened, had no relish for food, and appeared to drink merely to allay thirst, the efforts at swallowing being convulsive and painful. He was now in a perfect state of somnolency, regardless of every thing about him, when accidentally, whilst sitting beside his bed, I perceived that *position* most remarkably influenced the severity of the prominent symptoms. Stupor in the recumbent posture, almost amounting to perfect coma, in the sitting, or even semi-erect, resolved itself into a comparative sensibility. Respiration, slow, laboured, and stertorous, or rather roaring, (as described by the attendants on the child,) in the former position, became comparatively tranquil in the latter, and a pulse, in the one, ranging only a beat or so above forty, in the other, assumed a more natural character. Again, fluids were more frequently darted convulsively forwards through the nostrils or mouth, than passed into the stomach, or were ejected, as in the act of vomiting, and the recurrence of the symptoms of cerebral compression took place on returning to the recumbent posture, which for the last three days had been almost the permanent one.

"I now considered that this relation of symptoms might still be caused by mechanical obstruction in the pharynx, although repeated examinations on former occasions did not lead me to this conclusion. An additional obstacle presented itself in the fixed position of the jaws, so that it was only by considerable force I could so far separate them as to admit of even getting my little finger between them. On forcing it back, I accidentally, but distinctly, felt a tumefaction beyond the base of the tongue, giving, as well as a compressed finger could indicate it, a sense of yielding. To get a view of it was utterly impossible. The soft palate and uvula were easily discernible, but the de-

pression of the tongue gave so much pain, and the separation of the jaws was so very limited, that further investigation was totally out of the question. Indeed, in addition, the evidence, even from touch, was necessarily momentary, from the severe paroxysms of dyspnoea attendant on the examination.

"Although I had never heard of, nor witnessed a case of the kind before in children, it at once occurred to me, that this might be an abscess at the back of the pharynx, mechanically producing the above symptoms, and upon consultation, it was determined that I should perforate with an explorer which I had provided for the purpose, with the view of ascertaining its actual nature,—a doubt existing on this head, not alone from the extreme firmness of the tumour communicating a very indistinct sense of fluctuation, but also on account of its probable anomalous nature from the previous acute and present chronic cephalic symptoms. With every necessary precaution I accomplished this object, though with considerable difficulty, and to my great gratification, witnessed the sudden gushing forth of a large quantity of healthy purulent matter. The whole features of the case were almost instantaneously altered. The somnolency was removed, deglutition was facilitated, and more cheering prospects manifested themselves. Nourishment was freely given throughout the day, and quinine administered in small and repeated doses.

"At my evening visit I perceived that the stertorous breathing had returned, and the more prominent symptoms which had ceased since the operation, were again in some degree present. I examined the throat, and fortunately found the separation of the jaws now accomplished with ease. The abscess was again filled, with the opening closed. I introduced a carefully protected sharp pointed bistoury into the side of the opening, and freely enlarged it downwards. The relief was instantaneous. I now directed the trunk of the child to be elevated as much as possible, and the head depressed. The night was passed comparatively tranquil; the quantity of matter which escaped through the mouth was considerable, largely staining the pillow. The next day the boy was able to play with his brothers, and subsequently his improvement was progressive, though slow."

The second case was that of a boy, aged seven months, belonging to a family in which a predisposition to hydrocephalus had been evinced. The child was recovering from derangement of the gastro-enteric system, when Dr. F. "on Saturday morning received a hurried message to see the child, and found that the more alarming symptoms had all returned during the previous night, that the restlessness was incessant,—that the vomiting was constant,—that the flushing of the face was renewed,—that the breathing was loud, laboured, and very irregular during the night,—and that he constantly started from most disturbed sleep, which would only be tolerated in the nurse's arms; that every attempt at putting him in the cradle aggravated the pulmonary symptoms. In addition, I observed that the head of the child was rather drawn back, and that the chin projected somewhat unnaturally. He immediately screamed when the jaws were attempted to be separated, and in the region of the neck there was the greatest tenderness, particularly over the glands above alluded to. The integuments were free from discoloration, yet still the tumefaction was decidedly increased, and the slightest motion of the head appeared to give great pain.

"Sunday.—Night spent wretchedly—no elevation of symptoms, with the exception of those connected with the inflamed glands: they are better: the other symptoms are, if possible, more aggravated. In addition to those enumerated in the report of yesterday, there is now a gurgling noise in the fauces as if from accu-



mulated mucus, and throughout the lungs there is evidence of considerable effusion into the larger bronchial tubes; there are repeated and apparently painful and difficult efforts at swallowing, accompanied with frightful paroxysms of dyspnoea occurring at irregular intervals, during which the countenance becomes suffused, purple, and almost convulsed, and it is remarked that those immediately supervene on attempting to place the child in the cradle; there is incapability of sucking, though great desire for the breast, the nipple of which is seized with avidity, and equally rapidly ejected with a sudden and spasmodic regurgitation of the milk; any fluid placed in the mouth, either remains for a short time, and then gradually dribbles out, or otherwise produces a paroxysm accompanied with similar phenomena. At the moment of my visit, the repeated exertions of the child at the attempt of swallowing, the severe dyspnoea, and the great accumulation of mucus in the fauces, with the very restless state of the child, led me to apprehend the supervention of a fit of convulsions. I thought I recognized some of the features of the above case, when from some unintentional act in my examination, a most severe paroxysm supervened. The child appeared suffocating: I rapidly passed my finger into the fauces, and feeling a fulness, I made pressure against it, which was increased by a convulsive effort of the child; a sudden discharge of purulent matter got exit through the nostrils, and temporary relief was obtained. In about an hour a consultation was procured. At this time the breathing, though principally nasal, was more tranquil; and a small quantity of fluid had been swallowed, but with much difficulty. The appearance of the child could not but make an impression upon those who saw him. The nostrils were filled with matter which trickled down the lip; any attempt at placing him in a recumbent posture was instantly followed by frightful dyspnoea, rendered still more serious from the great accumulation of mucus in the fauces. I directed attention to the throat, but notwithstanding every effort, no accurate view could be had of the back of the pharynx. The narrow space behind the root of the tongue was filled with pus and bubbles of frothy tenacious saliva, to clear which away repeated unsuccessful attempts were made.

Another day passed without any material change, when the discharge from the nostrils ceased, and evidently, any opening made, or rather the ruptured portion of the sac had closed. Difficult respiration in any but the erect posture, or on an inclined plane with the head considerably depressed, recurred. Dr. F. was now satisfied of the presence of a tumour at the back of the pharynx. It was so tense and so unyielding, that did not the history of the case justify the presumption that matter was present, the absence of any sense of fluctuation would have caused extreme doubt; another difficulty presented itself in its being below the level of the tongue. The very limited space to operate in, together with the risk of wounding the neighbouring vessels, on account of the disposition of the swelling rather from the median line towards the left side, suggested the propriety of selecting some instrument the action of which could be accurately gauged. An instrument was contrived which succeeded most admirably. It consisted of a trochar about four inches long, one extremity of the canula being slightly curved, the other with a ring on its upper surface to receive the fore-finger; into this canula was passed a jointed stilette, with, at its opposite extremity, a ring for the thumb, and a moveable screw to graduate the projection of its point. I passed the forefinger of the left hand, towards the back of the pharynx, there resting the point of it, and guiding the armed trochar with the concealed stilette

along it, accurately fixed it on the tumour, pressed forwards the stilette to its limited mark, and withdrawing it by an opposite manœuvre, was gratified to see a quantity of healthy purulent matter darted forwards on the child's clothes.

"The relief was immediate; the hæmorrhage trifling; and the result permanently successful."

We have extracted the foregoing cases from the *Dublin Medical Journal*; and, as the opportunity offers, we cannot allow it to pass without in all good humour and good feeling expressing our hope that the gentlemen interested in that periodical may shortly see the advantage to themselves, and to us, and to the friends of both parties, which must accrue from a softening down of those irritated feelings which a (perhaps natural and unavoidable) trade jealousy has hitherto kept alive in their minds with regard to us. We can assure them, with the utmost sincerity, that the *MEDICAL PRESS* was not set up with a view of injuring any party, and that if it has had the effect of diminishing the circulation of the *Dublin Journal*, such a result was neither desired by us, nor do we conceive it to be one necessarily attendant upon our undertaking. We certainly entertain no enmity against either the respectable publishers of that periodical, or its editors and managers, Drs. Stokes and Graves, and we must confess that we are altogether at a loss to comprehend the reason of the rancorous malignity which has characterized certain sayings and doings of those gentlemen which from time to time have reached our ears. The jealousy of trade, we have already said, must be looked upon as perhaps natural and unavoidable, but we think it may be carried to an extent very much beyond the limits of prudence, and in the present case we do not see that it need exist at all. The objects of the *PRESS* are essentially different from those of the *Journal*. The difficult, expensive, and hazardous task we have undertaken was entered upon with no view towards our own private professional advancement—not a line has ever appeared in our pages designed or calculated to bring a solitary fee into our pockets. We saw that the best interests of the profession and the public required that the former should have a free organ of its opinions, a fearless assertor of its rights, an independent teacher of its duties; our ambition led us to attempt feebly but zealously to discharge these functions; our commercial interest is now deeply involved in continuing, to the best of our ability, their faithful performance. In the course of this service, it was, of course, to be expected that the circle of our readers would become vastly more extensive than that of any journal having local and personal objects; but we again say, and we hope our words may be received as frankly as they are intended, that we entertain no enmities, and are not unwilling to forward the personal objects of the managers of our contemporary whenever they are compatible with the public good.

#### VIOLATION OF AN INFANT ELEVEN MONTHS OLD.

We have been favoured with the following notes of the appearances observed, both before and after death, in the victim of this most unimaginable atrocity. The perpetrator was found guilty, and sentenced to death at the assizes lately held at Nenagh. Mr. Kingsley examined his person two or three days subsequent to the commission of the crime, and found "the penis small, and the glans slightly excoriated; there was not any chancre nor gonorrhoea present!"—

"Anne Hall, aged eleven months, violated by a private soldier, named Andrew Hume, of the 38th regiment, on the morning of the 28th of December, 1839, on the march from Roscrea to Templemore.



"The external appearances observed at two o'clock the following day, by the undersigned, about twenty hours after the outrage was committed, were as follow:—

"The whole of the external genitals were found in a torn state, viz., the perineum very much so, as were also the labia minora, and adjoining mucous membrane of the labia majora, and the clitoris: in fact, the whole of the vulva, or genital fissure, presented a large lacerated wound in a high state of inflammation: the child was in a state of collapse, and died a few hours after my visit, having survived the injuries inflicted on her, only thirty hours.

"*Post-mortem appearances.*—The external appearances were as detailed above; the vagina was very much dilated, and longer than natural; its extremity was torn from its attachment to the neck of the womb posteriorly, leaving a large torn opening between the uterus and rectum directly into the cavity of the abdomen, where a quantity of bloody serum was effused.

"EDWARD KINGSLEY, Surgeon.  
"Templemore Fever Hospital and Dispensary."

### SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Allihies Mines, Berehaven, April 13, 1840.

GENTLEMEN,—In compliance with the wish expressed in the last number of the MEDICAL PRESS, I have collected from my note book some particulars regarding the prevalence of fever in my district, from January, 1839, to March, 1840. During that period I have attended, in their own residences, 107 cases of that disease. In 13 instances, there were more than one case in each, viz., two in six houses, three in four, and 5 in three. Of the 107 cases six died; of the fatal cases, two had a pulmonic complication—one a cerebral. Of the 107 cases, 11 had attendant disease of lungs, one of which required and was benefitted by bleeding. The two fatal cases were not bled—one being old, the other too far gone when seen. 12 presented severe affection of the head—six of them treated by venesection, six not—among the latter was the fatal one; 13 presented bowel affections, viz., 12 diarrhoea or tympanitic tenderness, and one large and alarming hæmorrhage; 20 presented epigastric tenderness. Neither these, nor the immediately preceding, were bled, either locally or generally: 10 were accompanied by sore throat, in two cases amounting to partial sphacelus; three of them occurred in the three only cases of scarlatina. In only five cases did I observe petechiæ. They probably occurred in a greater number of instances, but I must confess myself rather chary of minute inspection in the wretched hovels in which I have to attend. I am at present attending a family consisting of five, who are all lying in fever in an apartment not 12 feet square, without a window, and attended by two poor stupid old women. The fever has generally terminated in 14 days, but in one or two instances ran to the 25th. In 1839 there was more fever, and of a worse type, in this district, in January, February, March, than in the same months in 1840. In 1839, the numbers visited by me were, January, 7; February and March, 29. In 1840, January, 6; February, 3; March, 6. But I may remark that these numbers do not show so much a proportional diminution in the number of cases actually occurring, as in the severity of the disease, the patients, in a great number of cases, recovering with little or no medical assistance this than last year. Still I have reason to know that there is a great deal of fever existing at present. It is also remarkable that during last month there was a great

deal of it, though it was the finest and driest March that has occurred for many years; but on the other hand there was dearth of fuel, and the privations of the poor were in that respect very great. Hoping that this hasty sketch may prove available to your present enquiry,—I remain, Gentlemen,

Your obedient servant,  
EDMOND SHARKEY, M.D.

### TROUGH FEVER HOSPITAL.

	Males under 10.	Over 10 yrs.	Females under 10.	Over 10 yrs.	Total.
January, 1840,	0	7	3	8	18
February,	2	6	1	9	18
March,	2	6	2	11	21
To 10th April,	1	2	0	4	7

Total number of cases, ... 64

### Description of Patients admitted:—

Heads of families,	-	-	-	-	19
Young persons usually employed in affording support to members of their respective families, and parents,	-	-	-	-	11
Employed as servants among the middle class of farmers, five of whom were immediately placed in sheds at the backs of ditches on being attacked,	-	-	-	-	12
Males and females under ten years,	-	-	-	-	11
Orphans,	-	-	-	-	7
Mendicants,	-	-	-	-	4
Total,	-	-	-	-	64

### Probable Causes.

From contagion, in consequence of having lodged mendicants,	-	-	-	-	7
From contagion, arising in those families afterwards,	-	-	-	-	21
From actual want,	-	-	-	-	11
From exposure to cold,	-	-	-	-	13
Cases without any traceable cause,	-	-	-	-	12
Total,	-	-	-	-	64

### Result.

Discharged cured,	-	-	-	-	46
Convalescent, shortly to be discharged,	-	-	-	-	13
Dangerously ill,	-	-	-	-	2-61
Died,*	-	-	-	-	3
Total,	-	-	-	-	64

### Cases of Fever occurring in my Dispensary district.

	Males under 10.	Over 10 yrs.	Females under 10.	Over 10 yrs.	Total.
January, 1840,	1	12	1	6	20
February,	3	14	6	11	34
March,†	6	21	6	20	53
To 10th April,	1	5	0	7	13

Total, ... 120

RICHARD MAFFETT, M.D.  
Glasslough, April 12, 1840.

### CASTLEBAR DISPENSARY.

Dr. Acton reports thus:—"Fever has been, as heretofore, epidemic this year, and of a very bad type, and few of the cases unaccompanied with the symptoms which distinguish putrescency, and the results more than usually fatal."

\* One aged 70, carried and left in the house, on the 21st day of the fever, in a dying state. The second was affected with asthma for twenty years previously: she was left in on the 19th day of the fever, moribund. The third had a delicate constitution, and was broken down by her constant and assiduous attentions to the sick.

† In my hospital, as well as in my dispensary report, you will perceive that a greater number of cases of fever presented themselves for relief in March, than in either of the two preceding months—although during the entire month the weather was peculiarly dry.



## METROPOLITAN DISPENSARIES.

A Meeting of the Surgeons and Physicians of the Parochial and General Dispensaries of Dublin was held on Friday, 10th instant, in the Board-room of the South Eastern Dispensary, Grand Canal-street, for the purpose of adopting means to procure from the government compensation for the further services of the medical and surgical officers attending the metropolitan dispensaries.

Shortly after four o'clock, the chair was taken by R. CARMICHAEL, Esq.

The CHAIRMAN, on taking the chair, said he felt very highly flattered by being called on to preside at that meeting. It afforded him the utmost gratification to see the members of the medical profession collect together at last to defend their just rights. It was high time for them to do so, for they never met with that consideration which they merited. In every respect medical men were tyrannised over, and as an instance of it he would mention that it was only that morning he read a paragraph in *Saunders' Newsletter*, which stated that a Dr. Wilkinson, of Lime-riek, was fined £20 for not attending at a Sessions Court, although the magistrates had no jurisdiction to give him any remuneration for his services or loss of time. That was an instance of gross tyranny, for it would be a hardship, indeed, to compel a medical person to attend, while at the same time there was no remuneration whatsoever to be given for services rendered. He did not know exactly what the objects of the meeting were, but he supposed that they were in reference to the operation of the poor-law act, and the effect which it might have upon voluntary subscriptions (hear,) or in other words, that the voluntary subscriptions would be withdrawn from dispensaries, and other medical institutions, supported by voluntary contributions, when the poor-law act would come into operation in Ireland. According to the arrangement proposed to be made under the poor-law act, there were 5000 or 6000 beds to be prepared for the reception of pauper patients; but it was quite out of the question that those would be sufficient to answer the purposes for which they were intended. The poorer of the industrious classes, the labouring classes for instance, were just above destitution; they had nothing whatever to depend upon for their subsistence but their health and industry, and if they were deprived of the advantages of either, they would be shortly reduced to a state of destitution, and thrown altogether upon the poor-law for relief; therefore, it would be the interest of the public to uphold the dispensaries, and if they did not support them, the government should be called upon to do so. If the services of medical persons were of advantage in work-houses, there was no reason why the government ought not to pay for attendance upon the poor by out-door relief to dispensaries (hear, hear.) In the country parts of Ireland there was trifling remuneration given for medical services in dispensaries, but it was an extraordinary fact that in Dublin there was no remuneration whatsoever given (hear, hear,) but that he conceived was attributable to the fault of medical men themselves. However, he hailed that meeting with great pleasure, for it showed that the medical profession was at last about to defend themselves and their interests, and if they did so determinedly there was no doubt of their ultimate success (cheers.) They were quite right to meet to defend themselves, for it was evident they depended to a great extent upon their own endeavours—it was too much the habit of the senior members of the profession to forget their junior brethren (hear, hear.) According to that principle it might be asked what brought him (Mr. C.) to take an interest in the matter, being a senior member of the profession here, for in a few weeks he would be forty years a licentiate of the College of Surgeons; but his object in taking a part in that meeting was to serve his brethren and the profession generally (cheers.) He was a perfectly disinterested party, for he was not now attached to any dispensary, but he, in the outset of his career in his profession, was attached to a dispensary, and worked very hard at it for a period of eight or ten years (hear,) on that account he knew the labour and exertion connected with dispensaries. Mr. Carmichael, as a proof of

the disadvantage to which medical men were subjected, referred to a letter which he had received from Dr. Jago, resident near Bandon, stating that that gentleman, while in very extensive practice, had been summoned to Cork, and after remaining there for eight days, was ordered a sum of only £4 by the judge to defray his expenses and remunerate him for loss of time. After advertising to the want of unanimity amongst the members of the medical and surgical professions, he said he was not at all surprised that the public were not disposed to look upon them with that degree of interest or respect which they merited, whilst they were so disunited and forgetful of their own interests (cheers.)

Dr. LABATT was then appointed to act as secretary.

Upon the motion of Dr. BEVAN, seconded by Dr. BENSON, it was requested that the following address should be read.

Dr. M'GREGOR accordingly read as follows:—

"GENTLEMEN,—As we have taken the liberty of trespassing upon your valuable time and attention here this day, it behoves us to render some explanation of the object we have had in view in thus summoning together so many respectable members of the honourable profession to which we all feel it the highest pride of our lives to belong. The number of gentlemen now present is the best and most flattering testimony that our humble wishes are fully responded to; and before we separate to attend to our respective avocations, we fondly trust that the attention we shall give the subject matter before us will convince us more effectually than ever of the importance which is attached to our taking the most vigorous measures for placing us in that position to which our faithful and long-tried services so justly entitle us. Gentlemen—There exists a law of nature by which every living creature is more or less influenced. Whether we descend to the lowest link in the chain of animation, or ascend to intellectual man himself, we shall find that the law of self-preservation is deeply implanted in every creature that 'lives, and moves, and has its being.' There is also another law of nature, applicable to our present condition, exemplified in just as striking a manner—and that is combination of individual strength, where solitary exertion would fail in effecting those objects necessary to our safety or comfort. None of us will deny the truth of that moral to be deduced from the well known fable of 'The Old Man and the Bundle of Sticks.' Union, cheerful, hearty, sincere co-operation is, indeed, strength. But, gentlemen, what is it we come here to-day to petition her Majesty's government for? Is it to invest us with honours, or bestow sinecure places upon us, without our possessing one single pretension to such an immunity but that of interest and court favour. No, gentlemen, it is for the unwearied labours of years amongst the sons and daughters of squalid poverty and sickness—it is for our untiring exertions amongst the courts and alleys, the cellars and garrets of one of the most poverty-stricken cities in the British Empire that we respectfully ask for compensation. It is that we should not be the only profession whose labour is in vain. Let us look at the sister profession of the bar. Will the lawyers give their professional aid to the debtor or the felon unrewarded?—Will the assistant-barrister lay down the law, or administer justice without salary? Look at the situations innumerable, which are attached to the courts and offices, filled by men who receive incomes far greater than the highest appointment of which the medical profession can boast. And why should this anomalous state of affairs be allowed to exist? In what respect are we inferior to the gentlemen of the long robe? Are life and health of minor importance in a state than property? Justice and common sense refute such an absurd proposition. Are our labours, because voluntary, less to be esteemed? And is it because we have generously, through the past, incurred the risk attendant upon fatigue and anxiety of mind, exposed ourselves hourly to the contagion of pestilence, that we are for the future to remain neglected and forgotten, and to endure the blighting coldness of those who ought to shield and protect us with a fostering care. We acknowledge that it would have been more gracious if our interests had been cared for, unmasked, by the higher powers; but as that has not been the case, we are forced to come forward with all the respect due to her Majesty's



government, and press with becoming firmness those claims for the arduous services of years, upon their attestation. We trust we shall not be deemed presumptuous in doing so by a discerning public, who are the best judges, and who can bear ample testimony to the services which the dispensary physician and surgeon confer upon the poor. Let us not any longer deserve the reproach which (whether justly or unjustly) is so often cast upon us by the public, that our anomalous position in society is mainly owing to a want of union and co-operation amongst ourselves. We must confess that the same protective power does not exist within us as at the bar. In that profession the slightest insult thrown upon its youngest member is enough to make the whole fraternity rise up in arms to defend him from injury (hear.) The contrary has been too much the case with us, and the young physician is too often the victim of the envy and oppression of the senior; but brighter days are dawning upon us, and in this, as well as in every other department, we hope for improvement. Even the most hasty glance at the provisions made by the new poor-law enactment, will suffice to shew us that when that institution is in full operation our labours will be undiminished, and we will be placed exactly in the same position with regard to the poor as at present, with this difference, that the poor-rate will have the effect of considerably lessening, if not of altogether removing, the subscriptions which now form the main support of the dispensaries in Dublin. In the country, the dispensary physician possesses the double advantage of a fixed salary, and the private practice of all the neighbouring gentry. In the country there is a certainty of some hundreds a year—in the city, of not one penny. Shall this state of anomaly and injustice be permitted any longer to exist, without our using our utmost energies to prevent it? Shall we, who have lent our best efforts, and devoted our utmost skill to the alleviation of the sick poor, any longer submit indolently to such a grievance? Forbid it justice! forbid it every sentiment of self-esteem! Let us arouse then out of the mental sleep we have been so long overcome by, and let us lay our shoulders to the work in good earnest. It is not possible that a just and beneficent government can close its eyes to the integrity of our cause, if set before them in a proper light. Other nations which pretend not to vie with Great Britain in the wisdom and humanity of their institutions, have a just care for their medical officers. Their interests are never lost sight of, for their welfare is considered necessary to insure the health and happiness of the community. We might have contented ourselves by framing and forwarding a petition to government in advocacy of the individual claims of the medical men of the South Eastern Dispensary; but we preferred the more generous and manly policy of inviting our fellow-labourers in the vineyard of usefulness, in which we have all so largely engaged, to come forward and participate with us in the expression of our sentiments, and to assist us with their counsel in adopting such measures as will be most likely to procure for the dispensary physicians and surgeons of Dublin, a moderate compensation for their past and future services."

Dr. HART moved and Dr. WILLET seconded a motion that the gentlemen present do constitute the general committee of the dispensary physicians and surgeons of Dublin, with power to add to their numbers.

Dr. NIXON, in proposing the 5th resolution, said—I have been honoured by the committee, to whom we are indebted for the convening of this meeting, with a request that I would propose the next resolution, which I will take the liberty of reading to the meeting before I offer any remarks as to its purport:—

"Resolved—That the present provisions made by the poor-law enactment are totally inadequate to relieve the wants of the sick poor population."

This resolution, sir, obviously involves two important points—namely, that our poorer brethren have wants for which they require such medical relief as dispensaries afford; and secondly, that the poor-law enactment is inadequate to, or in fact does not contemplate, the affording of that relief. On the first point, sir, namely, the medical wants of the sick poor, I feel I need not much enlarge before such a meeting as this—every person around me must be perfectly conversant with the fact, either from

their own personal observation or from the report of others; but possibly it has not occurred to any of my hearers to calculate the aggregate amount of the relief afforded by the combined exertions of the various dispensaries of this city. It is, however, a very material point that this should be clearly understood, as the extent of their operations affords the very best and most incontrovertible proof of their value and necessity. Not wishing, sir, to trouble you with the details of those dispensaries of lesser importance (as to numbers though of course of equal utility to individual applicants,) I will pass to the consideration of those whose labours are more extended, and for this purpose I will take the four most important of the institutions on each side of the city, from whose operations we will be enabled to form a tolerably correct idea of the estimation in which they are held by the poor, and the extent of their humble and unobtrusive benefits. The four institutions on the south side are the Dublin General Dispensary, the Sick Poor Institution, St. Peter's Parochial, and the South Eastern Dispensary. Those on the north side are the Talbot, St. George's, St. Thomas's, and St. Mary's Dispensaries. Let us in the first place, consider the number of applicants at these institutions during the past year, and although it was far from being an unhealthy one, in as much as our city was not visited by any epidemic of importance, still it will answer our purpose sufficiently. I find by reference to the printed and other documents that—

During 1839 there were relieved at St Peter's Dispensary, -	8,449
The number visited at home were, -	4,976
Total relieved by St. Peter's Dispensary, -	13,425
At the Dublin General Dispensary, the applicants at the institution were, -	7,041
Visited at home, -	3,529
Total of the General Dispensary, -	10,561
At the South Eastern Dispensary the number relieved at the institution were, -	2,766
Visited at home, -	1,031
Total of South Eastern, -	3,797
At the Sick Poor Institution, the number relieved at the charity, -	11,000
Visited at home, -	3,000
Total, -	14,000
Making a Total on the South Side, of—	
Seen at the Institutions, -	29,256
Visited at home, -	12,527
Total, -	41,783

On the North Side the numbers are—

	Seen at the Institution.	Visited at Home.	Total.
Talbot, .....	3,660	414	4,074
George's, .....	5,110	1,268	6,378
Thomas's, ..	3,050	1,010	4,060
Mary's, .....	2,600	800	3,400
	14,420	3,492	17,912
South Side,	29,256	12,527	41,783
Grand Total,	43,676	16,019	59,695

(Cries of hear, hear.) But it is to be remembered, sir, that these numbers refer to the individuals relieved, and not to the number of attendances by or in them. It will, therefore, be but just in estimating these matters correctly that we should multiply the total by the number of times the individuals sought for or obtained relief; and this I think we may fairly do by supposing that on the average each person was prescribed for three times, (which I am quite certain is below the truth in most cases, particularly in those of persons confined at home,) and we will then, sir, be probably surprised to find that during one year of rather a healthy character, during which we were providentially spared from epidemic attacks of fever, cholera, or influenza, advice and medicine were given to the sick poor of this metropolis, not less



than 178,905 times by the eight dispensaries to which I have alluded, and to which, if we add the total of those which I have not mentioned, will bring the amount to 200,000 (hear, and cheers.) But sir, there are some other matters to which I should beg to draw the attention of the meeting while on this point. Upon examining the registry of St. George's Dispensary, to which I have had the honor of being surgeon since its establishment in 1827, I find that during the past year the number of men between the ages of 25 and 50, who received assistance, were 806, and of females between the ages of 20 and 40, 1395. I mention this fact, because these, sir, are the ages when most probably those persons were burdened with the charge and anxiety of providing for the wants of a more or less numerous family, and therefore it will not be too much to suppose, that of these 806 men, and 1395 women, 500 of the one, and 1000 of the other depended upon their health for the means of supporting or taking care of their children. In this point of view alone, if there were no other, I would rest the question of the importance of dispensary aid. But there are other, and equally important reasons. During the period I have been attached to St. George's Dispensary, 2,706 cases of febrile diseases have come under the notice of the institution; the great majority of them were immediately removed to the proper hospitals, and thus so many causes of infection, the extent of whose radiation it is impossible to limit, were at once removed from contact with their healthy neighbours, and placed in those asylums best suited to the safety of both sick and well. If the same average holds good in other dispensaries, as no doubt it does, the result is, that during the past year about 2,000 cases of fever have come under the observation and treatment of the Dublin Dispensary attendants; and but for the prompt and efficient aid afforded by these unpaid labourers, the spread of contagion, and the probable loss of human life, must have been far greater than we are led to hope it was. Again, sir, during the awful visitation of Asiatic Cholera in 1832, the number of cases in George's parish were 404, while the number presenting at the dispensary with the premonitory symptoms were nearly 1,500. Had it not been for the dispensary, how many of these 1,500 (humanly speaking) might not have fallen victims to that awful malady? I might, sir, allude to the various other maladies which visit our city epidemically; but enough has been said, I trust, to prove the first point in the resolution, which I proposed to consider (hear, hear.) In proof of the second position—namely, that the poor-law enactment, as it at present stands, is inadequate to, and indeed does not contemplate the affording of relief to any sick poor, excepting the inmates of the workhouses—I need only read to you two documents now before me, the one public, the other private, but both from authorities that cannot be doubted; and here, sir, allow me to assure you that I feel most happy, as an individual, in the late arrangements for the poor—happy on their account, because they are secured from actual want—happy that the middle classes of society will be partially relieved from a burden which fell almost exclusively on them—and happy that many of the aristocracy and the rich will now be forced to enjoy a pleasure, of which they have hitherto deprived themselves, the gratification of assisting the poor of their native land (cheers.) I will now read the letters to which I allude:—

“Poor-law Commission Office, Dublin,  
14th February, 1840.

“SIR,—In reply to your letter of the 13th inst., I am directed to inform you that the Irish poor relief act does not contain any provision for transferring the management of dispensaries to boards of guardians, or altering the mode of supporting those institutions.

“I have the honor to be, sir,

“Your obedient servant,

“W. STANLEY, Assistant-Secretary.

“To William Maguire, Esq., Honorary Secretary of St. George's Dispensary, 1, Gardiner's-place.”

“Tuesday evening.

“MY DEAR SIR,—Your note dated yesterday morning only reached me this morning. It is not intended to attach any dispensary to any workhouse, nor will any me-

dical relief be given excepting the necessary attendance on the sick inmates of those establishments.

“Yours very faithfully, \*\*\*\*\*.”

But it may be said, sir, that if the poor-law enactments do not make the condition of the poor better as to medical assistance, they do not make it worse. This, so far as dispensary relief is concerned, I contend for it, is not the case. The prospect of the operation of the poor-laws has already had its influence; and many persons decline to subscribe to their parochial dispensaries—some upon the presumption that their aid is not required—others because they are glad of an excuse, and some, because the new poor-law tax takes from them the sum they have hitherto devoted for the purpose. I believe, sir, the fact is as I have stated in every parish in Dublin. As to other sources of revenue of these institutions—namely, charity sermons, I would remark that the collection in 1838 for St. George's dispensary was £73 14s. 10d., while in 1839 it was but £38 13s. No doubt, sir, much of this very great defalcation is to be attributed to the causes I have already mentioned. But it may be said that the hospitals are still open. True, sir, they are; and great are the benefits they confer; but they are not so completely within the reach of the poor as the dispensaries, whose hours of attendance are arranged to suit them, and whose localities are in general placed in their immediate vicinity. The hospital surgeon is looked upon as a person quite beyond their reach in ordinary cases, while the dispensary doctor is considered almost in the light of their domestic physician. The hospital fills them with ideas of danger, while the dispensary is an asylum to which they resort upon the accession of those trifling illnesses for which they would scarcely have recourse to advice (in their idea) more difficult of access; and we all know, sir, that it is upon the first appearance of illness that our efforts are most likely to prove successful. Dr. N. concluded by proposing the resolution.

Dr. DENHAM seconded the resolution, which was passed.

Dr. BELTON proposed the next resolution, to the effect that apprehensions were entertained that there would be a great diminution in the voluntary contributions to the Dublin dispensaries, in consequence of the government having undertaken to provide for the sick poor by the recent enactment.

Dr. NUNN briefly seconded the resolution. He said that the fact of the decrease of voluntary contributions was beginning to be felt already. Although at that institution, in which they had then assembled, had hitherto met with very liberal support, yet there was an apparent falling off in the subscriptions since the passing of the poor-law act.

Dr. STOKES proposed the next resolution, to the effect that there would be still an absolute necessity for the existence of dispensaries, notwithstanding the relief to be afforded to the sick poor in the poor houses. The advantages of medical relief was to be given only to paupers; whereas the industrious mechanic and artisan were altogether deprived of it, although they might be on the brink of destitution. It was, therefore, unreasonable that persons who, while in health, were capable of earning their bread, should become paupers in order to entitle them to medical relief; and he (Dr. Stokes) was, therefore, quite sure that upon every principle, both of humanity and economy, it would be of advantage to support public dispensaries.

Dr. WILLET seconded the resolution which was passed.

Dr. STACK then rose and said—Mr. Chairman, on looking over the resolutions which are to be submitted to the consideration of this influential meeting, I find that the most important—that which embodies the principle which we are met to deliberate on, and the justice of which we would submit to the notice of the legislature and the public, has been unfortunately entrusted to my advocacy—unfortunately, sir, because of my want of practice in addressing public assemblies; but especially for my want of ability to enforce it as its importance requires, and claim for it the degree of interest which it should meet from those who are guardians of the public weal: but my task has been lightened by the gentlemen who have already spoken, and, I trust, those who may follow, will make amends for my deficiency, and that the zeal which I feel for the interest and honour of my profession will plead



my excuse for appearing before you. The resolution which I have the honour to submit is as follows:

"Resolved, That we, who have long, faithfully, and sedulously discharged the duties of the Dublin Dispensaries, conceive ourselves, now that the government have recognised the principle of providing, with medical relief, the sick poor, justly entitled to remuneration for our future services."

It requires but few words, indeed, to prove to you, or to any person at all conversant with medical men, that whatever duties they undertake, they discharge with zeal and fidelity; and that whatever other charges they may be exposed to, they never have been, nor cannot be, charged with dereliction of duty—that they discharge those duties very often gratuitously, is also, alas! easy of proof. Indeed, sir, so general and invariable is this propensity, that if a naturalist felt disposed to classify the human species according to their habits and propensities, on ascertaining the existence of this one, he need not further enquire, but desire him in whom it appeared, to be set down with the class "physician." It has been remarked, on more than one occasion, that we live in strange times—to my mind the truth of this remark is, in no instance, more happily exemplified than in the circumstance of our assembling here to-day, and in the purpose for which we meet. We, sir, who, as the resolution states, have long, assiduously, and they might have added, gratuitously performed the duties of the Dublin Dispensaries, are at length constrained to step forward in self-defence, in legitimate assertion of our rights, and avow our intentions of no longer acting the unpaid servants of an ungrateful public. This, sir, as contrasted with our former habits, is a strange circumstance. True, sir, this ingratitude—this coldness, with which our services have been requited, is not of recent occurrence—we have invariably met with it, but regarded it not—our philanthropy—our charity, was suggested by a higher principle—was dictated by a more hallowed motive than worldly reward or worldly honour—ours was a disinterested charity, exhibiting the features of genuine Christianity. "I was sick, and ye visited me—I was sad, and ye gave me comfort." Yes, sir, in the hour of affliction, despite the loathsomeness of disease, we alone were found to visit the squalid hut—the deserted chamber. When others were indulging in the abundance of luxury and ease—or when some, perchance, during a fitful gleam of mawkish charity would say, "Go and be fed," the physician, silently and unobserved, directed his footsteps to the scene of misery and of woe; and administered, with kindly hand and sympathising heart, relief and consolation to his agonized and afflicted fellowman (cheers.) This, sir, is the amiable quality which distinguishes our profession above others—stamps on it the features of Christian love and charity, and clothes with divine attributes, the more than human excellence with which the Heathen moralist invested it, when he said, "*Nulli ré ad deos propius accedunt, quam homines medendo.*" Such, sir, were the motives which influenced us—hence it was why the cold disregard we experienced did not, ere now, deter us from our work of benevolence; now times are altered—a new era has dawned upon us. As long as the poor were unprovided for, we did not neglect them—like the good Samaritan, we did not pass by the afflicted without extending to him the hand of relief—but now the legislature have stepped in—they have, in their wisdom, seen the justice of providing for the bodily afflictions and infirmities of the poor—have provided a shelter for them during the season of want and sickness. If the provision be sufficiently ample for all purposes, the more satisfactory—the more universally hailed will the boon be; but, sir, if we but read the statements put forward by the officers who administer the provisions of this bill, we find it will not, cannot be so; though the accommodation provided should

be, as it will not, sufficient for the already sick and infirm, are there to be no other circumstances taken into consideration—is the solicitude of a paternal government to cease here—or rather, should not the prevention of disease and its consequence, contagion, form an essential item in their precautions. As long as human nature, with all its vices and frailties exists, so long will it be liable to disease—and if no means be provided to ward this off, or relieve it at the outset, the consequence will be that infection, with all its dire ravages, will spread, and by-and-bye there will be a ten-fold number of applicants for this state charity. The principle once granted, it should not be scanty nor partial—the out-door sick should not be neglected. We, sir, who are connected with the public charities of this city, have long and sedulously laboured in the relief and warding off of disease—we have done so gratuitously; and, in passing, it may be remarked, that whilst the gentlemen connected with dispensaries all over the country, (though, God knows, inadequately and badly remunerated,) yet receive some reward—we, alone, are unregarded—we must now come forward to call on the government to remunerate us for our services. Let it not be supposed that in coming forward, we are influenced solely by private motives or interest. I would have it distinctly and emphatically understood, that such a feeling does not actuate me. I would not come forward at the suggestion of such a motive. Self-defence and self-respect obliges us to do so—we cannot longer continue in the anomalous position of co-operating with, without being recognised by, the legislature. We, sir, who are and will be ancillary to working of this principle of charity, claim a participation in it—we want to be recognised, identified with the relief—and in this identification, to share the rewards which it extends. I shall not dwell further on this subject—aware as I am that I shall be followed, as I have been preceded, by a gentleman who will enter more fully into detail. I may here remark that the most obvious principles of political economy should suggest the propriety of adopting the most effectual mode of lessening that cause which may increase expence. Indeed, sir, I feel assured that any government, having the interest of the country and poor at heart, will bestow on our claims due consideration, and will meet them as their justice and importance deserve. Having said thus much relatively to the resolution, and to our claims on the government, perhaps I may be allowed, now, sir, to make a few remarks with regard to the public, to whom I alluded at the outset; as also relatively to the conditions and present prospects of our profession. Although it may be thought we are merely assembled for the purpose of making an equitable appeal to the government in our own behalf; yet would I wish to make this meeting instrumental in exciting a kindred spirit in all the medical bodies in Ireland. We have long, too long laboured in the service of the public—not that we repent of our services to the poor—but because these gratuitous services have become, in the hands of this public, a means of depreciating, of undervaluing us. Many reasons have been assigned to account for the lowly state of our profession—time will not now permit me to notice them, but, perhaps, at some future occasion, I may enter largely into their consideration. I, in sadness, believe, that we ourselves, have been the culpable instruments of our degradation—have been suicidal of our interests and independence. We have set little or no value on our services, and the public have accordingly prized them. The merchandize is valued—is in fashion, according as its price is high. The fashionable art is sought after with an eagerness proportioned to the expence with which its acquirement is attended. The different callings are esti-



mated, not by their intrinsic worth, but according to the value which they set on themselves. Society bestows thought on nothing, except what touches their fancy or their pockets. What is easy of acquirement, they reject as worthless—we have set no value on ourselves, on our services—hence the solution, it is enigmatical—why, we are no longer in fashion; hence it is—why, we hold such an obscure corner in the mart. How long, in the name of common sense, is this state of things to exist—how long are we to continue in this lowly position? Shall we still tamely submit to our degradation—or rather, shall we not, at once, lay aside our sickly apathy, and in the proud consciousness of worth, assume that station which our acquirements entitle us to? Should we not affix a value, a becoming degree of importance to our services; and while, as men, we would claim no superiority over our fellow-man, yet no squeamish modesty should induce us to undervalue our profession. Put on these feelings—this becoming sense of pride; and whilst you at the same time observe a line of conduct, alike honourable as independent, you will again elevate your profession into its former pre-eminence, and will extort from an apathetic public both respect and admiration. If these feelings were general, and generally acted on, no two, or three, or many objectionable characters, as has been urged on a former occasion, by one who holds, and deservedly holds a high station, could be sufficient to degrade the entire mass. No, sir, the objectionable characters—the seceders from the rank of excellence, have few followers—few imitators; on the contrary, were the standard of independence implanted, the deserters from it, standing alone, in the naked deformity of their delinquency, would, instead of meeting with admiration and attraction, become objects of hate and repulsion (hear.) Let it not be supposed in the few remarks I am about to make, that I am come here to advocate or find fault with the different projects or plans which may have been put forward from time to time by the different advocates for the reform of our profession—nor will I now remark on the difference of zeal and disinterestedness which characterizes them—I have only to regret that they have been discussed with such virulence and rancour, and that political animosity, with its unwholesome attendants, should be allowed to enter the fair garden of science. I would say let those who mean well, and think well, “go on and prosper”—let them establish the protection of the law of the land—let them ensure me that no persons will gain admittance into the profession, who are not eminently qualified, both by integrity and acquirements—let them establish this, and I shall endeavour, in my humble walk, (I despair not of general co-operation,) to aid them by establishing the law of opinion—that law, which of all others, because of its sure and immediate consequences, is most stringent on the conduct and actions of men (hear, hear.) I would set up the code of honour—the court of etiquette, to which all should conform—the highest as well as the lowest—the young as well as the old—we all have been delinquents: and I doubt not that no sooner is the banner unfurled, than you rally round it in the proud attitude of independence—a body of men, who, though at present divided, discouraged, disorganised, will soon present a phalanx unequalled for their attachment to discipline and order—unrivalled for their honour and integrity (cheers.) I cannot feel nor think meanly of my profession—others may. Although, sir, for a season we may have acted under the blighting influence of despondency, and may have reconciled our feelings to circumstances—yet the noble dictates of nature still live, and, if fostered and cherished, will reassume their predominance. Yes, sir, were we concentrated into a body regulated by wise and

wholesome laws—were there a governing principle to which we should all conform—were we united, as we should be, in the fond bonds of brotherhood—no malice—no petty jealousies—no mean—no underhand competition to disturb the goodly union—you would find, that instead of being, what we now are, a discordant element in society, we would soon amalgamate into a body accordant and undivided (hear.) I despair not of this happy event—even this meeting gives preface of coming change—to be sure we have many discouragements—even I, in my little experience, have to repine—the aspirations which I entertained on adopting this, as my pursuit, are not realized. The noble qualities and virtues with which, in my imaginings, I invested it, and the venerated names which caught my admiration, are, with few exceptions, (of whom you sir, form a proud, a noble, a distinguished one,) no where to be found (loud cheers.) Even so, sir, my early ardor is not cooled.—True, sir, I do not find the fathers of the profession extend the arm of protection to their humble followers—I find them not zealous in upholding the dignity, the superiority of their profession—I miss the enthusiasm of the philosopher of old, who would die happily, did he but leave behind him a disciple capable of perpetuating his dogmas to posterity (hear, hear.) No, sir, they appear but as ungrateful sons, forgetting the mother who reared them into importance—allowing her to sink into disrepute and decay. Even this, sir, does not chill my ardor, nor damp my hope. There burns within me that ‘sun of hope,’ which will soon brighten the prospective, and turn all that is darksome and gloomy into light and sunshine. Every science, every pursuit, has its season of neglect and apathy. This apathy may, as it sometimes does, arise from an innate, a providential, indisposition to follow those who would mislead or distort it from its original purpose; and I would fain hope that the lowly state into which our profession has been allowed to sink, by the apathy and indifference of its members, will now, that we begin to feel and repine at it, arouse the manly energies of its votaries, and that we will, once more, raise it to that eminence which its nobleness and importance demands (hear, hear.) I am come here, sir, as I said before, to find fault with no man—no body of men—with this system nor with that—I am here to complain of the apathy that pervades the entire profession—I am here, in my humble, but proud capacity, calling on my brethren to awake from their deadly slumbers—to put on the majesty of their might; and, by a simultaneous effort at independence and honour, to proclaim to the public and legislature their majesty and importance, and thus appal the one and the other into a sense of their worth and indispensability. The learned gentleman concluded amid long and loud applause.

Dr. H. LABATT seconded the resolution.

Dr. MACGREGOR briefly proposed the next resolution, to the effect, that a committee be appointed to prepare a petition to her majesty's government, laying a statement before them of the position in which the medical profession is placed since the enactment of the poor-laws.

Dr. BIGGER seconded the resolution, which was passed *nem. con.*

The following resolution was proposed by Dr. Hill; seconded by Dr. Fleming, and passed unanimously:—

That a sub-committee, consisting of the following gentlemen, be appointed to put in force the objects of the general committee:—Dr. Jameson, Dr. Nixon, Dr. Bigger, Surgeon Labatt, Dr. Stokes, Dr. Hanna, Dr. Macgregor, Dr. Denham, Dr. Nunn, Dr. Hill, Dr. Stack, and Dr. Morgan.



The CHAIRMAN congratulated the meeting upon the unanimity which prevailed, and expressed his perfect concurrence in their objects.

The chair was then vacated, and Dr. Hart being called thereto, the cordial thanks of the meeting were given to Mr. Carmichael for his dignified conduct in the chair.

The meeting then adjourned.

## REVIEWS AND NOTICES OF BOOKS.

AN ATLAS OF PLATES, Illustrative of the Principles and practice of Obstetric Medicine and Surgery, with Descriptive Letter-press. By FRANCIS H. RAMSBOTHAM, M.D. London. 1840.

We have received the four numbers of this work which have been already published, and feel much pleasure in recommending it to the notice of the profession, as one of the cheapest and most elegant productions of the medical press of the present day. Each monthly number contains six well-executed and accurate engravings on steel, and several very beautiful wood cuts, together with descriptive letter-press, all to be procured for the very moderate sum of eighteen-pence. The selection of the plates in the parts, now before us, is judicious, and appears to us to leave nothing wanting for the elucidation of the subjects to which they refer. We have comparative sketches of the male and female figures, copied from Maygrier's great work; a number of views of the pelvis and fetal head, shewing the dimensions and various properties of both, and the usual deformities of the former, as well as the modes of measuring and estimating its proportions. To these subjects the first thirteen plates are devoted; the remainder consist of a good selection from the works of various authors, illustrative of the structure of the external and internal organs of generation, both in the ordinary and gravid conditions, and also of the ovum.

The accompanying text is written in a clear, concise, and simple style, and is well adapted to its object of assisting the student in acquiring a knowledge of obstetric medicine. It affords a brief view of the state of knowledge, with respect to the matters treated of, but without diverting the attention of the reader from the more direct appeals to his eye, which it is designed to elucidate, by any lengthened discussion of adverse opinions. At some future period, when, in the progress of his work, Dr. Ramsbotham arrives at the consideration of matters of a less elementary character than those which have hitherto engaged his attention, we hope to be able to return to the Atlas, and, perhaps, to borrow from its pages for the benefit of our readers. In the meantime, we offer our most sincere wishes that the undertaking may enjoy all the success which it so well merits. Too much credit cannot be given to Mr. Churchill, the publisher, for the manner in which he has performed his part in the transaction.

## BOOKS RECEIVED.

*A Treatise on Amaurosis and Amaurotic Affections.* By Edward Octavius Hoeken. 8vo. pp 360. London. 1840.

## PARISIAN HOSPITALS.

HOPITAL DE LA PITIE.—M. LISFRANC.

*Phlebitis, three cases cured—dissecting wounds.*

A fortunate coincidence enables us to observe in one ward, and three adjacent beds, one of the most interesting surgical diseases, and we shall profit by this opportunity to offer some observations on phlebitis.

The successful issue of these three cases supports the therapeutic principles, which we are about to advance.

Phlebitis is, you are aware, ranked amongst the most serious affections. You will find its pathological description *passim*; and I shall, therefore, merely remind you that phlebitis, usually, at first affects the vein to the extent of four or five inches more or less, and during one or two days, seems disposed to extend no farther; it then, however, assumes a disposition to spread towards the trunk, which it at length attains, unless its progress be arrested in time. It was our practice, in common with others, to apply leeches at the site of the inflammation, we thus sometimes effected a cure in mild and recent cases; but, under other circumstances, this treatment produced no advantageous result.

We had formerly in La Pitie, many cases of obstinate ulcers—so obstinate, that we were driven to practice section of the veins. Numerous successful cases encouraged us in this practice; but, at length, we had to deplore some unfortunate cases, which we published; for it is not successful cases alone that advance science. In these cases, the phlebitis ran its course despite of local bleeding. We then reflected on this general fact—that every inflammation is the more controllable, the more recent it is—and coupling this with our experience, that local bleeding had succeeded in recent cases, of phlebitis alone, it occurred to us that we should, as it were, anticipate the disease, and direct our attention to the part of the vein where the inflammation had not as yet established itself; but at the part it was about to attack, or had, perhaps, already attacked, without, however, having actually manifested itself; in a word, that we should apply the leeches immediately above the apparent seat of the inflammation, between it and the heart.

The first case in which we reduced this idea to practice was most encouraging. A medical student was affected with phlebitis throughout almost the entire extent of the arm; we applied 40 leeches in the axilla, which was as yet exempt from inflammation—the next day there was an obvious amendment—much less fever—arrest of the progress of the phlebitis—and diminution of the general inflammation superiorly. A second application of leeches definitively arrested the inflammation, as regarded its progress towards the heart. But, as often occurs, the inflammation of the vein not merely persisted in the parts already affected, but extended downwards to the hand, where it caused two abscesses. The patient, however, recovered perfectly.

Since this case (which occurred 15 years since,) many others have occurred in which our practice has been completely successful.

We must embrace this opportunity to make some observations on dissecting wounds, which we had repeated opportunities of observing when lecturing on operative surgery. You are aware how dangerous these wounds are, and you are aware how many fall victims to them yearly in this city. What is the progress of the affection? We generally find, where the case is serious, inflammation of the lymphatics, or of the veins, and sometimes these two affections conjoined, commencing at the wound and extending towards the trunk. However, it must be recollected, that in these cases, we have not to deal with an ordinary inflammation, but with an inflammation resulting from a lesion; it was this reflection that long made me abstain from treating this affection by local bleeding; however, the frequent failure of the means usually employed, at length induced me to try local bleeding applied according to the principle above explained. I also employed baths, emollient poultices mixed with laudanum, prolonged and nearly cold



acidulated local fomentations: and obtained the most favourable results from this treatment. Both this and last year you saw several medical students so treated with the most complete success.

Paul Richer, in consequence of some affection resulting from cold, was directed to be bled. An ineffectual attempt was made to open the cephalic vein. He was then bled in the median-cephalic vein with relief to the then existing symptoms, (Jan. 8th.)

On the 12th, the wounds became inflamed—leeches below the inflamed points.

17th.—He was placed under our care.

*State on Admission.*—Face red and flushed—skin hot—pulse, full and jerking, 110—tongue red at the point and sides, yellow, and dry in the centre—no delirium—no appetite—thirst constant—on the left arm there were (at the points above indicated) two small gaping wounds giving issue to a little serum—the limb is swollen from the fingers almost to the axilla—the tumefaction is greatest in the arm, which is one-third larger than natural—along the inner side of the arm, the veins are distinctly felt as knotted cords—heat of the limb intense—surface of a violet hue, diminishing somewhat, superiorly, at about two inches above the insertion of the deltoid muscle—general œdema of the arm, especially internally, and at the fold of the elbow, in which situation there is a doughiness and diffused phlegmon, indicating suppuration, and extreme tenderness on pressure—the fore-arm is hardly inflamed, little sensible to pressure, and its enlargement seems chiefly due to infiltration—no glands can be felt in the axilla.

Thirty-five leeches were applied to the inner margin of the deltoid muscle, and on the adjacent pectoral muscle—twenty more to be applied in the evening, if necessary—directed two baths—emollient poultices to the arm—low diet.

The leeches bled copiously, and caused a slight amendment, so that the patient could, without extreme suffering, raise the arm to lay it in the bath—the temperature of the limb was so elevated that, after the expiration of an hour and a-half, the water preserved its temperature. The twenty leeches were applied in the evening.

18th.—The violet tinge has disappeared from the external and upper part of the arm: but still exists, though in a less degree, in front of the elbow and along the basilic vein, in which situation the œdema is undiminished, except to a slight extent above—fomentations and poultices to the arm.

19th.—Pain, redness, and œdema lessened—tongue moist—fever diminished. The progress of the disease seems arrested. This amelioration continued the following days; but there is a manifest fluctuation in the induration extending across the fold of the arm from the basilic vein to the point in the cephalic vein, where an ineffectual attempt had been made to open it.

25th.—An incision was made above the median cephalic vein—healthy pus found exit, mingled with a little blood.

The cataplasms and fomentations were continued—there is now no tumefaction, save along the trunk of the basilic vein—the abscess still discharges.

30th.—A second abscess has formed at the inner side of the arm, at the junction of the middle and lower third of the basilic vein. The fluctuation was at first indistinct; but was rendered obvious by M. Lisfranc, causing us to apply the hand at the middle of the limb, while he pushed the matter from below upwards, the infiltrated pus being thus compressed into a small space, in which its presence was readily detected through the thinned integuments—no symptom of general reaction.

9th February.—New access of fever.

10th.—Erysipelas of the arm.

12th.—Diminution of the redness—the glands of the axilla are swollen.

13th.—Abscess in the axilla, which, being opened, gave issue to half a wine glass-full of pus. Two days subsequently, a fourth abscess formed somewhat higher up.

18th.—A fifth abscess was opened, round which there was an erysipelatous blush—this abscess was situated at the middle of the arm in the track of the basilic vein. From this period the convalescence was uninterrupted.—*Gazette des Medecins Praticiens.*—*Gazette des Hôpitaux de Paris.*

#### TO CORRESPONDENTS.

*Communications received from Dr. Finucane, (Ennistimon,) for whose attention we are much obliged; Mr. Hynes, (New Quay,) Mr. J. Wilkinson, (Limerick,) Drs. Lane, (Aghadoey,) Maffett, (Glasslough.)*

*We have apologies to offer to several correspondents, but they may rely upon every exertion being made by us to attend to their favours.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 22, 1840.

### THE APPROACHING ANNIVERSARY OF THE MEDICAL CONGRESS.

THE lapse of five short weeks will bring us to the last Wednesday of May: it behoves us, therefore, to lay our minds seriously to the business of that important anniversary. Before doing so, however, it may be well to pause for a moment and reflect on the relative position of medical affairs twelve months since, compared with that which they occupy at the present day. The movement, in agitation this time last year, by which the great congress of the profession was brought about, originated with individuals connected with the Irish College of Surgeons, and was mainly sustained by their efforts. Those gentlemen, aware of the advantages of a ready-made corporate head and hands, of a local habitation, a name and a purse, thought that the welfare of the whole professional commonwealth, could be most certainly attained by a union of all its members with that college; that thus many conflicting interests would be reconciled, many causes of jealousy removed, and moral power and influence secured by centralization. They also conceived, that in endeavouring to carry out such a union, they were acting in strict accordance with the spirit which actuated the government in incorporating the College, as it appeared to them that the design of its foundation could not have been the establishment of a club for any set of individuals, or the conferring of any exclusive privileges, but, on the contrary, the security of the public, and the protection of the professional body, to the utmost extent to which such objects could be attained. That these, and no other, were the views entertained by the promoters of the first congress, must now be obvious to all parties. At the time, however, they were not so well understood: the idea of members of a corporation being instigated by honest and public-spirited motives, was hard to be entertained. The very liberality of the doctrines advocated was sufficient, in the minds of many, to prove the insincerity of their authors: the obvious value of the boon, and the apparent candour with which it was offered, led almost to a conviction that some lurking danger accompanied the one, and that the other was but a mask, fair in proportion to the baseness and treachery which it concealed. These feelings were, perhaps, natural; in too many instances, however, they operated to the serious injury of the cause of the profession, and unquestionably prevented that overwhelming demonstra-



tion of the moral force of union which might have been exhibited at, and immediately subsequent to, the congress, and which would certainly have stopped the growth of those narrow prejudices which induced a small majority to depose the college of surgeons from the proud position in which the meeting of the 29th of May, 1839, had placed her.

Notwithstanding, however, the immediate discouragement and loss occasioned by the operation of those prejudices, we are now convinced that all has been for the best. Doubts, however unfounded, rested, and would probably have continued to rest upon the sincerity of the committee of correspondence of the College of Surgeons, none can possibly attach to the Council of the Medical Association. The individuals who compose the latter can have no interests of their own to attain—they seek no monopoly—desire to preserve no exclusive advantages—do not even personally suffer under any of those many grievances which they are daily labouring to redress—their sole motive is the ambition to be instrumental in raising and improving the profession in which their lot has been cast, and with which they are proud to have their names honourably associated. There can now, therefore, be no excuse for any party holding back from the work: no one will do so who is capable of appreciating the difference between a solitary struggle against numerous difficulties and oppressions, and the resistance capable of being made by a united and organised body. Let not even the phantom of Reform frighten men away. No reform will be sought for, which shall not be pronounced by the majority to be wholesome and necessary. Men may differ as to whether a College should be preserved, or amended or abolished, but no man who is capable of estimating an injury, will deny the wisdom of endeavouring by the only feasible means—that of union—to remove such evils as those to which the attention of the council of the association has been lately directed. We would only ask our readers to turn to the proceedings of the council as recorded in our last number, and be they reformers or anti-reformers, we feel convinced that none will deny the magnitude of the grievances there referred to; or the utility of a central body, able and willing to apply itself to their redressal. Let us individualize the matter, and look at the case of Mr. Wilkinson: every member of the profession is in like manner liable to be dragged '14 miles' from his home, without a chance of remuneration, or if he declines to obey the mandate of the law, to be fined £20 for his disobedience. Surely the practitioners of Limerick will take warning from the proximity even of this single mischief, and no longer hold back their support from the only institution which has ever taken an active step towards its removal. Yet that this is no novel grievance, or one previously uncomplained of, we have evidence in the following extract from a tract now before us, published by the elder Mr. Dease, so long since as 1793. After complaining of the loss of time and unprofitableness of attendance as a medical witness, Mr. D. says:—

"I was myself fined £50 by the late Judge Robinson, although he had been previously informed that I had only just quitted the court, on being sent for to a man whose thigh I had amputated in the morning, and who was said to have a bleeding from the stump: to this excuse the judge paid not the least attention, as, I believe, he supposed it to be ill-founded; so imposed the fine. It is true, I got it taken off the next day. But there is something extremely humiliating and vexatious in the various applications necessary to be made on these occasions."

Humiliating, indeed, and too often fruitless are such applications when made by individuals; but commanding and successful, when preferred by the head and organ of a numerous and united body of men.

We would then call upon all who are desirous of safety in the present crisis of the profession to rally round the Association, and to attend personally or by deputy at the meeting of the 27th of May. The interests of the charities and other medical institutions can then be fully considered, as well as the rights and wants of individual members of the profession. Those who are imperfectly acquainted with the views of the most active members of the body, as to reform will then learn them—those who conceive these views to extend beyond what is wise, will have an opportunity of giving prudent counsel—all will be able to contribute something to the common stock of knowledge or of wisdom, and to direct the manner in which these powerful weapons can be best used for the good of the majority.

The following petition is in course of signature in the city of Limerick, and has already received the names annexed:—

"That your petitioners suffer much inconvenience from the present state of the law which compels them to attend at quarter sessions and give evidence on cases of injury, which have been under their care, without any remuneration for their expense, or trouble, or loss of time.

"That the public also lie under the following disadvantages from the same state of the law:—

"If a surgeon, having been called to a person who has suffered some injuries, omits seeing him as often as his state requires—treats him with carelessness and indifference, and the man dies, the surgeon is first summoned to a coroner's inquest—an examination of the body becomes necessary, for which he is paid as well as for his attendance—the case then becomes, what is called, an 'assizes case.' He is summoned to the assizes—gives his evidence, and is paid for his attendance there also.

"But if he pays his patient the utmost attention—if he gives him the advantage of all that watchfulness, knowledge, and skill can accomplish, and the man recovers—the case then goes to the quarter sessions—the medical man is summoned to give evidence as to the amount of the injury. If he attends he gets nothing, and if he neglects attending he is fined £20.

"Thus there is a certain bonus to the medical man upon his patient's death, and a tolerably certain penalty if he recovers.

"From this state of the law, your petitioners have known many surgeons in the country refuse attending on persons who were injured, through fear of their patients recovering, and of being themselves summoned to the quarter sessions in such a contingency.

"Your petitioners have also heard of surgeons refusing to examine, minutely, the wounds of persons suffering under injuries of the head, in order to remain purposely ignorant of any important circumstance that could make their evidence of any value to the patient in case of his recovery.

"Your petitioners, therefore hope, that your Honourable House will take some steps speedily to amend the law, and to enable them to receive proper remuneration for their attendance at quarter sessions.

"And your petitioners will ever pray.

John Thwaites, L.R.C.S.; John Wilkinson, L.R.C.S.; Amos Vereker, M.D.; William Griffin, M.D., M.R.C.S.; James Fraser, M.D.; Denis O'Flaherty, M.D.; Thomas Going, M.R.C.S.; James O'Shaughnessy, M.R.C.S.; Robert R. Gelston, M.D., L.R.C.S.; R. Franklin, M.R.C.S.; J. T. Wilkinson, surgeon; D. Griffin, M.D., M.R.C.S.; Charles Kidd, M.R.C.S.; Henry Brown, M.D., M.R.C.S.; John Silver, M.D., M.R.C.S.

#### REGISTER OF THE WEATHER.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	April 12,	58	44	30.028	
Monday	13th,	57.5	48	29.850	.448
Tuesday	14th,	60	41	29.850	
Wednesday	15th,	64	41	30.300	
Thursday	16th,	64	44.5	30.280	.035
Friday	17th,	64	44	30.322	
Saturday	18th,	61	42	30.100	



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 16.—Council met.

Letters were read acknowledging the addresses of congratulation presented by the Council to their Royal Highnesses, Prince Albert, and the Duchess of Kent.

Mr. John Wilkinson, of Limerick, was enrolled a member of the Association.

SATURDAY, APRIL 18.—Council met.

Resolved.—That, for the purpose of making the necessary preparations for the approaching Medical Congress, the Council do hold an extraordinary meeting every Saturday, at half-past three o'clock.

## MEDICAL INTELLIGENCE.

HOUSE OF COMMONS.—APRIL 12.

Total number of petitions, in favour of medical reform, presented up to the 2d of April, 1840,—25—signatures 426.

Many of these petitions being from associations and societies, were signed only by the president and secretary of each, but express the sentiments of all the members of those bodies.

Against medical reform. Petitions—none.

HOUSE OF LORDS.—APRIL 14.

Lord CHARLEVILLE presented a petition from the coroners of the county Clare, praying for an amendment of the law relating to coroners.

HOUSE OF COMMONS.—APRIL 13.

The vaccination extension bill was read a second time.

Mr. WAKLEY stated that he would propose, in committee, a clause for the total prevention of small-pox inoculation.

## POOR-LAW INTELLIGENCE.

Lord J. RUSSELL obtained leave to bring in two bills—one for the continuance of the poor-law commission—the other for the better administration of relief to the poor in England and Wales.

## PROMOTIONS.

CIVIL.—William Connolly, Esq., M.D., has been nominated to the office of physician to the Waterford District Lunatic Asylum, in the room of the late Edward Jones, Esq., M.D.

Dr. Gregg to the Buttevant Dispensary.

NAVAL.—Assistant-Surgeon, A Hewson, to the Victor.

MILITARY.—1st Foot Guards—Battalion-Surgeon J. Johnson, to be Surgeon Major, vice Harrison, who retires.

## OBITUARY.

On the 4th inst., Arthur Forster, Esq., M.D., medical attendant to the Tempo dispensary, sincerely regretted by all who had the pleasure of his acquaintance.

At Plymouth, Mr. Copland Hutchinson.

This day is Published in 8vo., price 12s.

## OBSERVATIONS ON THE DISEASES INCIDENT TO PREGNANCY AND CHILDBED. By

FLEETWOOD CHURCHILL, M.D., &c. &c.

Dublin: MARTIN KEENE and SON, College-Green; London: Longman and Co. J. Churchill, Balliere, and Co.; Edinburgh: MacLachlan, Stewart, and Co.

## GENERAL MEETING

OF THE

## MEDICAL ASSOCIATION OF IRELAND.

THE ANNIVERSARY GENERAL MEETING of the ASSOCIATION will be held in DUBLIN, on WEDNESDAY, the 27th of MAY.

Such Gentlemen as purpose attending, whether as Deputies from Local Associations, or otherwise, are requested to forward their names as early as possible to the Secretary, 13, Molesworth-street, Dublin.

By order of the Council

H. MAUNSELL, Secretary.

## MIDWIFERY ILLUSTRATED.

Just published, No. V., price 1s. 6d., containing Six Engravings, of

AN ATLAS OF PLATES, ILLUSTRATIVE OF the PRINCIPLES AND PRACTICE OF MIDWIFERY. With descriptive Letter-press. By FRANCIS H. RAMSBOTHAM, M.D., Lecturer on Obstetric and Forensic Medicine at the London Hospital.

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London: John Churchill, Prince's-street, Soho.

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OF SOME OF THE FIRST GENERAL LAWS OR FUNDAMENTAL DOCTRINES OF MEDICINE AND SURGERY; addressed to Students and Junior Practitioners. By T. WILKINSON KING, Lecturer on Comparative Anatomy and Physiology, and on Pathology, at Guy's Hospital.

London: John Churchill, Prince's-street, Soho.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

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Wednesday, April 22, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXIX.]

DUBLIN, WEDNESDAY, APRIL 29, 1840.

{ PRICE SIXPENCE.  
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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE X.—VENEREAL DISEASES.

*Gonorrhœa Virulenta*—not confined to the specific distance of Hunter.—Delpech's opinions and experience on this point.—Two stages of gonorrhœa, one of inflammation and of thin virulent discharge, the other of suppuration—each analogous to the periods of infection, and reparation of venereal ulcers.—Treatment of second stage.—Utility of injections considered—that of a weak solution of nitrate of silver most efficacious.—Consequences of gonorrhœa are morbid sensibility of the membranous portion of urethra, with gleet, stricture, sclerocoele, hernia humoralis, inflammation of the prostate and neck of the bladder.—Gonorrhœa in women.—Gonorrhœal ophthalmia—surprising effects of strong solutions of nitrate of silver as a collyrium.

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—I have placed *Gonorrhœa Virulenta* amongst the primary symptoms of the papular venereal disease, because it is so frequently found to accompany the primary ulcers of this form, which have been considered in my last lecture, and because I have seen the eruption of papulæ succeed a gonorrhœa alone in many persons, upon whom, on the minutest investigation and enquiry, I could not learn that they ever had any primary ulcers. The reason why gonorrhœa should be so seldom followed by constitutional symptoms compared with the ulcers in question has been already assigned, namely, that when the urethra is irritated by the poison which produces a gonorrhœa, it runs so rapidly into the suppurative stage without ulceration, that there is seldom time for the absorption of the poison. This state of suppuration of mucous membranes being analogous to that of reparation in primary venereal ulcers; during which M. Ricord found, by his numerous experiments of inoculation, that they are incapable of conveying infection, or in other words that they have lost their specific

poisonous qualities. But notwithstanding the rapidity with which a mucous membrane, when inflamed, alters its natural secretion into that of purulent matter, yet, as just mentioned, cases are occasionally met with of a papular eruption in both sexes, in which no other primary symptom than gonorrhœa could on the most minute investigation be discovered. It may reasonably be objected to my testimony on this point, that primary ulcers might have existed, so small as to escape the patient's attention, which in those cases had spontaneously healed. I grant the force of the objection, and that nothing but experiments of inoculation can fairly decide the question. I shall, therefore, myself, institute experiments of inoculation, when opportunities occur, with the matter of the simple primary ulcer, (while it is yet excavated, before the period of reparation arrives,) into the urethra; and the matter of a gonorrhœa, while it is yet thin and ichorous into the integuments of the thigh, with the view of settling this question.

Mr. Hunter was, I believe, the first to ascertain that pus could be secreted by the mucous membrane of the urethra without ulceration or breach of surface. But we ought to keep in view that a purulent discharge may arise from various causes besides that of the stimulus of a venereal virus. Sexual intercourse with a female subject to leucorrhœa, or during the menstrual discharge may occasion it. In fact any cause of irritation applied to the urethra may excite discharge. In some constitutions, as in those subject to gout, in whom the urine appears overloaded with uric acid, it often spontaneously arises. In all these instances, the discharge subsides as soon as the exciting cause is removed; but when it arises from the application of a venereal poison, the discharge is continued by the influence of that poison upon the mucous membrane perpetuating a specific action by which the virus continues to be secreted for an uncertain period.

The precise time when a gonorrhœa appears after



infection is uncertain, but from six to twelve days may be esteemed the most common period. Its first symptoms are a sense of itching and heat, and an appearance of fulness about the orifice of the urethra. This is followed by ardor urinæ within an inch or two of the orifice, and a discharge, which is at first thin, watery, and greenish; but generally becomes thicker, and in general, within the week, is decidedly purulent. This is the first or inflammatory stage of a gonorrhœa, during which the patient may suffer much from ardor urinæ, and painful erections at night. The latter frequently causes some of the vessels of the urethra to give way, and hæmorrhage is the consequence. If the inflammation has extended into the substance of the corpus spongiosum, and caused depositions of lymph, chordee, or a curvature downwards of the penis, during erection, owing to the unyielding state, (from those depositions,) of the corpus spongiosum urethræ is the painful consequence. This is an affection which, in a healthy, robust subject, may require the use of the lancet, and the exhibition of small or even nauseating doses of tartar emetic during the day, but large doses of opium and camphor at night, when it is most troublesome, affords great relief. Abundant dilution of any mild drinks, and strict attention to the antiphlogistic regimen should be observed during the first or inflammatory stage of gonorrhœa. In the second or purulent stage, those inflammatory symptoms usually diminish or subside altogether.

Mr. Hunter says the discharge is only produced from the urethra within an inch and a half, or two inches from the external orifice, which he terms the specific extent of the inflammation. But I doubt much if this is always the case, for in many instances tenderness and fulness of the urethra will be perceptible, on examination, as far backwards as the canal can be felt. M. Delpèch is of this opinion, observing that he had frequently verified the succession of several distinct *foci* (foyers) of inflammation in different points along the urethra—that the gonorrhœal inflammation having commenced at the orifice extends backwards, by insensible degrees, so that on examination, we shall find the sensibility and “engorgement” of the walls of the urethra creep on, day by day, more towards the bladder, and that by pressure we may ascertain that the secretion of matter from a distant part of the urethra becomes daily more abundant; and he adds that the inflammation will go through its several stages, and almost disappear (*tandis qu'elle paraît toucher à sa fin*), in its first seat near the orifice, and afterwards re-appear at a deeper point of the urethra, manifesting the same succession of changes as in its more usual situation. He observes that in this way he has often seen the disease transferred from the navicular fossa to that part of the urethra corresponding to the symphysis pubis, and from that transferred again more deeply towards the neck of the bladder. This view of M. Delpèch, respecting the transfer of the disease from one part of the urethra to another, accounts, satisfactorily for the obstinacy and frequent renewal of a gonorrhœa, when both patient and practitioner flatter themselves that the complaint is effectually cured. It also accounts more satisfactorily, for the occurrence of stricture at the membranous portion of the urethra, than the doctrine of sympathetic irritation.

Gonorrhœa, for all practical purposes, may be divided into two stages only—the *inflammatory*, when the discharge is thin and ichorous, usually staining the patient's linen with a greenish colour, and the *suppurative* stage, when the disease, though it may still be attended with some degree of inflammation, is obviously on the decline.

We shall now proceed to consider the treatment of

the disease during these two stages. In that of the first stage, we must be guided by the degree of inflammation, as indicated by the swelling of the orifice of the urethra, ardor urinæ, and tenderness on pressure along the course of the canal, which in young, plethoric subjects may be attended with some degree of sympathetic fever, or constitutional disturbance. We can not, in this affection, without great risk attempt to extinguish the disease by the application of nitrate of silver or any other escharotic, as I have recommended for the ulcers occasioned by the same poison; on account of the danger of increasing the inflammation that already exists in the urethra: which might in consequence, by continuous irritation extend to the bladder and even to the kidneys. Inflammation in the narrow passage of the urethra may be attended with both immediate, as well as remote injurious or dangerous consequences. The immediate may be retention of urine from inflammation of the membranous portion of the urethra, prostate gland, or neck of the bladder—and the remote, from the formation of strictures or narrowings of the urethra, both at its orifice and immediately behind the bulb, followed by chronic inflammation of the mucous coat, and thickening with diminished capacity of the bladder. These dangers, both immediate and remote, ought to deter any prudent practitioner from attempting to cure a gonorrhœa in males at its first commencement, by the application of nitrate of silver, either in substance or concentrated solution. The success of this measure in external gonorrhœa of the glans and prepuce, and in females when the disease is confined to the vagina, or at least does not extend to the urethra, and also in gonorrhœal ophthalmia during the most active and acute stage of the inflammation, all seem to warrant and authorise the practice; but when we put into the opposite scale the dangers which may arise, few prudent practitioners, I believe, would have the hardihood to have recourse to this decisive but perilous measure, even though urged by the patient himself, who, under embarrassing circumstances, is often anxious to be cured at all hazards without delay. I never, in any one instance, practised it myself, being deterred by the above consideration, and from having seen several instances of very bad stricture, particularly at the orifice of the urethra, caused by the use of injections, containing from ten to twenty grains of nitrate of silver.

From these considerations, therefore, however extolled it is by some, we ought not, in prudence, to attempt to cure the disease suddenly by the application of nitrate of silver, but to content ourselves with having recourse to such measures as are calculated to diminish inflammation.

With this view, if the inflammation runs high, the application of leeches, (from ten to twenty, according to its degree,) to the perineum, will be attended with the greatest advantage. Although that part of the urethra, within two inches of its orifice is the seat of the disease, yet considerable risk would arise from the application of leeches in this situation, on account of the flow of matter from the urethra, which, coming into contact with the leech bites, might turn each, by inoculation, into a venereal sore—an objection which M. Ricord also makes to their use, at this point, although, (strange enough) he is opposed to the belief that gonorrhœal matter is capable of producing ulceration. Another objection to the use of leeches in this situation, is that they are apt to excite phymosis, by the serous infiltration they occasion into the loose cellular membrane of the prepuce, an inconvenience analogous to their well known effects upon the superior eye-lids.

Together with leeching the perineum, the entire



antiphlogistic system should be put into requisition, according to the degree of inflammation which exists, viz., low diet and abstinence from spirits, wine, or any fermented liquors. At the same time the patient should be advised to dilute largely with any mild beverage which affords the best mode of relieving the ardor urinae, by lessening the stimulating qualities of the urine, now likely to irritate an inflamed and a braded surface. Dilution is also of use by inducing frequent micturition, which washes off the morbid secretion. In addition to these means, I usually direct the mild aperient antimonial mixture, already mentioned, every third or fourth hour; or a powder composed of twenty or thirty grains of the bi-carbonate of soda, to a drachm of the tartrate of soda and potash, dissolved in a tumbler of warm water, to be taken twice or thrice a day: or what is more palatable, the same powder may be first dissolved in very hot water, and then a bottle of double soda water poured over it. Should chordee occur, as has been already mentioned, it is best opposed by opium or hyoscyamus, conjoined with camphor, in doses sufficient to produce an anodyne effect.

As the discharge becomes thick and purulent the inflammatory symptoms subside, except the patient is imprudent in his regimen. This is the stage to which I would restrict the balsam of copaiba, and cubebs, which act in some peculiar manner upon mucous surfaces, and are of undoubted use in shortening the period of a gonorrhoeal discharge. The former may be given in doses of from 20 to 60 drops, three times a day, combined with sugar and mucilage, to which is frequently added with advantage a few drops of the tincture of opium with the view of preventing irritation of the stomach and bowels. But if a patient is nauseated by this medicine, which is frequently the case, it is in vain under any form or mode of exhibition to endeavour to persevere in its use, as even the very effluvia which arises from it will in such instances occasion sickness. Some persons will be able to overcome their repugnance by swallowing it in a glass of lemonade. I have often succeeded in inducing patients to take it in the form of pills, which may be made by having it rubbed with a sixteen:th part of calcined magnesia, with which it forms a solid mass, that may be readily divided into pills, the number to be taken in order to produce any beneficial effect must be considerable, at least three or four, three times a day. I should not forget to mention that copaiba sometimes occasions a peculiar rash or eruption on the skin, attended with slight febrile symptoms, which subsides like the eczema produced by mercury as soon as the cause is discontinued.

The action of cubebs, or Java pepper, (*piper cubebæ*), upon mucous surfaces, seems to be similar to that of copaiba. It is usually given in doses of from one to two drachms three times a day in a wine glass full of water. In some cases it produces an immediate beneficial effect in diminishing the discharge; but in others it is found to be totally useless; so that if benefit is not experienced in the course of five or six days, no good can result by persevering in its use.

This medicine, as well as *copiba*, are frequently adulterated; in which state they not only disagree with the patient's stomach, but are found to increase the inflammation, and to be on this account exceedingly injurious; therefore practitioners should look particularly to the purity of those medicines.

There is no subject, upon which medical men are more divided, than upon that of the utility of injections for the cure of gonorrhœa; many attributing all the ill consequences that may attend this complaint, such as swelled testicle, stricture, and an irritable bladder to their use; while, on the contrary, others extol them to the skies as affording the quick-

est and surest of our remedial agents. In this, as in most disputes long agitated, each party is to a certain extent right as well as wrong. I shall endeavour, however, to point out, what appears to me, to be the media via which affords most security; first premising that those who attribute the evil consequences just mentioned exclusively to injections, are wrong; for we very often meet one or other of those consequences in patients who never employed any injection whatever. I am not in the habit of ever ordering injections during the inflammatory stage. As soon as the discharge has become purulent, even though attended with slight ardor urinae, I begin to employ them; but if they increase the inflammation, I diminish their strength, or discontinue them for a time. From the beneficial effects of nitrate of silver on external gonorrhœa, and primary ulcers arising from the same poison, I prefer it to all other ingredients employed in the composition of injections, but direct it in such proportions as will not inflame the urethra, and therefore usually begin with a quarter of a grain to an ounce of distilled water, increasing the proportion of the metallic salt gradually to that which can be borne with impunity; but this has seldom amounted to a grain to the ounce. The patient is directed to use it three or four times daily, (always after passing water,) by means of a bone or gum-elastic syringe, and to retain it in the urethra, by closing its orifice for a few minutes after each injection. In women, on the contrary, we may order, without risk, two, three, or four grains of the nitrate of silver, to an ounce of distilled water; and as in them we can employ this remedy of sufficient strength without apprehension of unpleasant consequences, the amendment is proportionally rapid. When this injection answers, I never employ any other; but injections of a solution of acetate of lead, or sulphate of zinc, in plain distilled or rose water, have their advocates. From one to three grains of either, to the ounce of liquid menstruum, are the usual proportions. The first appears to me to be the most applicable while any inflammation remains. M. Ricord speaks in high terms of a solution of the iodide, or proto-ioduret of iron, as an injection. He has used from one to eighteen grains of this preparation to an ounce of distilled water, but I should not feel inclined to go much beyond his minimum proportion. It is a powerfully astringent substance, and although I never myself employed it, I think it right to notice an application recommended by such high authority on the subject.

The well-known obstinacy in some cases of gonorrhœa, or a discharge from the urethra originating in this complaint, is not one of the least vexatious *opprobria medicorum*. The obstinacy is, no doubt, often owing to the mode of living of the patient, and his inattention to all the rules of regimen he ought to follow. But it must be acknowledged, that in many instances, where the patient pays the most implicit obedience to our injunctions on this head, the discharge will continue, without interruption, month after month; or ceasing for a short time, will break out again to the great discomfiture both of patient and practitioner. Such instances of obstinacy usually occur in patients, either of a scrofulous or gouty constitution, in whom there often appear the strongest indications of an irritable or very excitable state of the mucous membrane in every part of the body as well as in the urethra. With respect to the first I might cite innumerable examples, but one at present particularly occurs to me of a highly scrofulous family, the majority of whom died of tuberculous phthisis. I attended three brothers of this family in succession for bad strictures, in each of whom this affection succeeded an obstinate gonorrhœa. In a sister of these gentlemen, afflicted with an unmanage-



able state of constipation of the bowels, a stricture of one of the small intestines, so considerable as scarcely to permit a common quill to pass, was found, on a post-mortem examination, to be the cause of her long sufferings and many anomalous symptoms. In my lecture on scrofula, I alluded to a boy, about twelve years of age, of a scrofulous and gouty family, who was sent home from school under a suspicion of his having contracted a gonorrhœa, because he had a running from the urethra, but this was found afterwards to be connected with stricture of this canal, and a diseased state of the bladder and kidneys, which ultimately carried him off.

Persons who are martyrs to gout are subject to a purulent discharge from the urethra; but whether this arises from a very irritable state of the mucous membrane, or from a more than ordinary irritating quality in the urine, which, in such persons, is overloaded with uric acid, or from the conjoint effect of both, I cannot say; but this I can assert, that when those gouty persons, as well as those of scrofulous constitutions, are affected with gonorrhœa, it is extremely difficult to cure them, and that they constitute the very description of patients most liable to strictures, no matter how, or in what manner, their gonorrhœa are treated.

When a gonorrhœa thus lingers for months, resisting all rational modes of treatment, we ought to examine the urethra with a sound, or a bougie of full size, in order to ascertain whether or not there are strictures, or any particularly tender point of the urethra, which occasions great pain when the bougie is passing over it, followed by drops of blood when withdrawn. I would not have you mistake the morbid tenderness to which I allude, for the great natural sensibility of that part of the urethra into which the venereal vessels open. The morbid tendency in question is best relieved by the decisive measure of cauterizing the part with nitrate of silver, which is easily done by one of Sir Everard Home's caustic bougies, making use of his precaution of passing a common soft bougie, in the first instance, of a size larger than that of the armed one, on which the distance from the point to be cauterized from the orifice may be distinctly marked. If there is more than one of those morbidly sensible points, they ought all to be cauterized in succession at different times, for fear of exciting inflammation, or such a degree of swelling, as might interfere with the passage of the urine. I never, however, met with any unpleasant occurrence of this kind by the application in question, but have succeeded, in numerous instances, in relieving the patient not only from a discharge which had been tormenting him many months, but from a distressing irritability of bladder, and a frequent desire to pass water, which could not for a moment be resisted.

The late Mr. Ramsden, many years ago, first announced that a hard chronic enlargement of the testicle, which he, therefore, termed *Sclerocele*, was caused by, and depended upon, a morbid state of sensibility of some part of the urethra, particularly of the membranous portion, and that the introduction of the common bougie removed this irritability, and, at the same time, caused the dispersion of the swelling of the testicle. In this chronic enlargement of the testicle, depending upon a continued morbid sensibility of that portion of the urethra where the seminal vessels open, we recognise a consequence analogous to that acute inflammation of the testicle which occurs during the inflammatory stage of gonorrhœa. From the time of Mr. Ramsden's publication, a period of at least thirty years, I have seen a multitude of cases which verified the accuracy of his observations: and although I did not limit the

remedial means alone, in those cases of chronic enlargement of the testis, to the introduction of the common bougie, for I usually administered small doses of mercury, and occasionally punctured the tunica vaginalis when it contained any serum; yet those latter measures never succeeded without the frequent introduction of the common bougie, or the more effectual application of the armed one.

These observations on this chronic enlargement of the testicle naturally leads me to speak of that more acute and inflammatory swelling, called *Hernia Humoralis*, from some theoretical fancies of our predecessors; but which depends, like the former, upon an inflamed and irritable state of the urethra transmitted to the affected testicle in some unknown way, in consequence of the sympathy which exists between these two organs. This must be effected through the medium of the nerves, for no one, I believe, has asserted that the inflammation is continuous from the one to the other.

The first symptom of the approach of this affection is tenderness of the the epididymis, which becomes swelled and hard. This tenderness and swelling soon afterwards extend to the entire testis, with pain along the cord to the back. The discharge from the urethra, at the same time, disappears. Immediately on observing these symptoms, the patient should be desired to remain in the recumbent position, with the testicle well supported. Without which, all our efforts to remove the disease will prove unavailing. In fact, the due support of an inflamed testis is a *sine quâ non* in the treatment of this affection. The next step will be to cover the scrotum of the affected side with leeches, which, with warm fomentations and cataplasms, renewed three or four times during the day, are the local means upon which I place most reliance. Some prefer cold evaporating lotions; but I always found warm applications more effectual and congenial to the feelings of the patient. With these means, I would strongly recommend small doses of tartarized antimony so as to nauseate. A remedy certainly not very agreeable to the patient; but in illustration of the good effects of sickness in removing this complaint, I may adduce the following circumstance:—

A gentleman residing in Liverpool, provoked by the long continuance of a swelled testis, resolved to seek for my advice in propria persona. The passage to Dublin was both stormy and protracted, and he was all the time excessively sea sick. But as some recompense for his sufferings, he was agreeably surprised to find the swelling, on his arrival, totally removed, I had only to advise him to return, and by thus renewing the remedy, prevent a relapse.

It is a curious fact, that as the swelling leaves the testis, the gonorrhœa returns. A patient, thus affected, should continue to wear a suspensory bandage for a considerable time, and to use exercise at first with great caution, for the complaint is easily renewed, not only in the testis that has been affected, but in the other.

Inflammation of the prostate gland is also one of the accidents attendant upon gonorrhœa, the effects of which are much more severe than that of the testis. When this attack takes place, the patient at first experiences a frequent inclination to pass water, and great difficulty in voiding it, which sometimes amounts to complete retention. He complains of uneasiness or pain in the perineum and back. The discharge from the urethra gradually lessens, or ceases altogether. These symptoms are attended with restlessness, quick pulse, thirst, and general fever. He becomes impatient for relief, and the most active and decisive measures are required not only to relieve the distress arising from retention of urine, but to pre-



vent the inflammation of the gland from ending in suppuration.

Under these circumstances, I always have recourse to venæsection, according to the extent of the symptomatic fever, and the strength of the patient, which I follow up by the application of from ten to thirty leeches to the perineum, and encourage the flow of blood, afterwards by placing the patient in a warm hip-bath. These measures alone are usually attended with great relief, and the patient will, in all probability, be enabled to pass water more freely. If, on examination by the rectum, it is found that the prostate gland is tender and enlarged, my practice is to exhibit calomel, conjoined with opium, so as to mercurially affect the system as rapidly as possible, not in consideration of any anti-venereal power the mineral possesses, but on account of its peculiar efficacy in arresting the progress of inflammation, and thus putting in force every measure we can employ to prevent the suppuration of this gland which is necessarily attended with much protracted suffering and no little danger. If our efforts fail in averting this result, the matter will either make its way into the urethra, which is, in the great majority of instances, the case; or else it will shew a manifest disposition to discharge itself through the perineum by causing a tenderness and sense of fullness of this part. But the great depth of the matter at its first formation, and the dense nature of the fascia, through which it has to make its way, hinder any decided manifestations of its presence.

If, under these circumstances, there should be tenderness, fullness, and some hardness of the perineum, particularly if attended with rigors, we should not hesitate to plunge the French sharp-pointed knife, we are in the habit of using in this hospital, deeply into it. If we meet with matter, immediate relief is afforded, and even if we do not, great benefit arises by the division of the skin and fascia, which relieves the tension of those parts, and by the flow of blood which follows. Purgatives should be avoided as they excite much irritation in the rectum, into which the swelled gland protrudes; but emollient enemata, which act in the double capacity of fomentation and aperients, are attended with great advantage, as are also anodyne lavements, which tend to relax the spasmodic state of the spinetters of the bladder, to which all muscular structures are liable during inflammation, for it is not likely that *that* of the prostate would be insulated, so as not to extend to the neighbouring parts. In fact, the very same symptoms, which I have stated to be those of inflammation of the prostate gland, are also those which characterize inflammation of the neck of the bladder and adjoining portion of the urethra, with the exception of the immediate and local signs of swelling of that gland, indicated by the touch, on examination per anum: and the treatment which has been recommended for the one is equally applicable to the other, with the exception of the puncture for the discharge of matter.

It would lead me into a discussion, far beyond my original intention, were I to enter upon the consideration of strictures of the urethra as a consequence of gonorrhœa. These, with their frequent followers, fistulæ in perineo, and disease of the mucous membrane of the bladder, even extending to the kidneys, I shall reserve for a future opportunity.

Gonorrhœa in women is a less dangerous disease than in men, but more obstinate, perhaps in consequence of the careless manner in which it has hitherto been treated; but the improvements made by M. Ricord, which I myself witnessed some years since, when I had the gratification of accompanying that gentleman through the wards of the great venereal hospital at Paris, are so important,

that instead of this ailment lingering for many months, and even continuing to the second year, it is now usually cured in a period varying from one to two months.

The stages of the disease are the same as in men, and may either occupy singly the vulva, vagina, urethra, and uterus, or two or more of these parts at the same time. The first stage, or that of inflammation, usually attended with some ardor urinæ, should be treated on the antiphlogistic plan, for it is seldom that a medical man is consulted on the first appearance of the disease, so as to enable him to extinguish it at once by the application of nitrate of silver in solution. I should, however, feel no hesitation in making the attempt, were I consulted on a case sufficiently recent to afford a prospect of success. For, if the disease has not extended into the urethra, no danger is likely to arise from the application of the solution in question, (even of considerable strength—for instance, ten grains to the ounce of distilled water,) to the surface of the vulva and vagina. But, unfortunately, we seldom have an opportunity of thus speedily extinguishing the disease, as in at least two-thirds of the cases of gonorrhœa in females, the urethra is affected; so that it would be necessary, in most instances, to apply the solution to this passage, as well as to the vagina, which would be as objectionable as in males.

The very circumstance of discharge from the urethra affords one of the strongest diagnostic symptoms by which we are enabled to distinguish gonorrhœa from leucorrhœa, or other discharges to which the private parts of generation are subject. The other diagnostic signs are those of inflammation, ardor urinæ, and a greenish colour imparted to the linen of the patient, by the gonorrhœal discharge, circumstances not attendant upon the complaints with which it is most liable to be confounded. If, therefore, it is not deemed advisable, which it very seldom can be, to cut the disease short by strong injections of nitrate of silver in solution, we should treat the disease during its inflammatory stage on the same principles as have been laid down for males. But from the extent of the surfaces engaged, greater attention to frequent ablution in females is necessary, on which account the general or hip warm bath should be daily used. Where there is much tenderness, excoriation, and ardor urinæ, frequent injections of a decoction of poppy seeds are useful, either plain or mixed with milk; also, a state of the most perfect quietness and repose should be enjoined. If the disease appears to have extended to the uterus, which may be suspected by pain in the lumbar region, and tenderness on pressure in the hypogastrium, with general febrile symptoms, blood should be taken from the arm, or leeches applied, in considerable numbers, to the pubes and groins—tartarized antimony, exhibited in such doses as the stomach can bear, and the general antiphlogistic regimen, with abundant dilution, rigidly enforced. Nearly the same activity of treatment may be required when the pain, tumefaction, and other signs of inflammation of the labia and nymphæ are considerable, which are often followed by the formation of abscess, a consequence of gonorrhœa that increases, in no slight degree, the misery of the patient. Should abscess, however, take place, the matter ought to be immediately discharged by a *large opening*, in order to prevent, as far as lies in our power, its termination in troublesome sinusses, of very difficult management.

As the inflammation subsides, and the gonorrhœal discharge becomes more purulent, the patient will be enabled to bear local applications, calculated to remove the complaint. That upon which I place the most reliance is a solution of the nitrate of silver; we should begin with one or two grains to an ounce of distilled water, which may not only be injected, but



folds of lint, imbued in the same solution, may be introduced twice or thrice a day into the vagina, and allowed to remain without any inconvenience to the patient. Solutions of the acetate of lead may also be employed in the same manner with great advantage. The lotion thus employed may be increased in strength gradually to that which the patient can bear without pain or inconvenience.

Respecting the use of nitrate of silver, I have hitherto spoken from my own experience, and can recommend the lotions of the strength mentioned with confidence, as being by many degrees the most efficacious for the cure of gonorrhœa. But M. Ricord and others, in some instances, cauterize the walls of the vagina, and all the parts affected, with the solid nitrate of silver, from which they assert that they have found the most advantageous results.

The cases in which this application has been found most beneficial were of the very worst description. M. Ricord says he found its effects truly marvellous, where the mucous surface was red and turgid, discharging an abundant secretion of purulent matter, sometimes tinged with blood; and also in chronic cases, attended with alteration of structure, indicated by fungous ulcers, or "*vegetations*." He likewise extols the applications of nitrate of silver in substance to the urethra of females, under the same circumstances as I have stated to indicate its utility in cases of obstinate discharge from the urethra of males. For this purpose he uses the porte-caustique of M. Lallemand; but Sir Everard Home's armed bougie would probably answer the purpose equally well.

It has been for some years the practice to examine the os uteri of every female in the venereal hospital of Paris, before she is dismissed as cured; because it was found, in numerous instances, that they returned in a short time with a relapse of their complaints, although, on leaving hospital, they were apparently well. In such instances, fungous ulcers were formed on the os uteri; but by cauterizing them, either with solid nitrate of silver, or with acid nitrate of mercury, these ulcers rapidly healed, after which no relapse occurred.

I saw M. Ricord perform this operation at his hospital in a considerable number of cases, with great ease and celerity, by the aid of his speculum vagina. The acid nitrate of mercury is not, I believe, employed in these countries; it is a powerful escharotic, entitled, in the French codex—*Deuto-nitrate acide de mercure liquide*; and in the index it bears the name by which it is more generally known—*Nitrate de mercure acide*.

I have hitherto spoken chiefly of the nitrate of silver as affording the most efficient applications for the cure of gonorrhœa in females, but there are others which may be useful; for instance, the acetate of lead, in the proportion of two or three grains to the ounce of water. This is beneficial as soon as the diminution of the inflammatory symptoms will permit the use of any application except warm emollients; and afterwards, when the discharge seems to be continued from habit, a decoction of galls, or oak bark, with the addition of sulphate of alumen, in the proportion of ʒi. of the latter to ʒviii. of the former, will be found a useful stringent application.

I shall now briefly notice a consequence of gonorrhœa common to both sexes—gonorrhœal ophthalmia. I have said briefly, not because I consider the subject as one of minor importance, but because it has been so minutely and well described by Mr. Lawrence and other writers, in works which are in the hands of every professional person, that it is quite unnecessary for me to expatiate on the subject. There is so great a mass of evidence in support of the opinion that gonorrhœal ophthalmia is produced by the actual contact

of the gonorrhœal virus, that I believe it is now universally admitted to be the only mode by which the disease is occasioned; and which sufficiently explains a circumstance noticed by Mr. Lawrence, that it generally attacks only one eye and not both, as is the case in common purulent or Egyptian ophthalmia, to which it bears so close a relation.

It is urged in objection to this mode of contamination, that were it the case, gonorrhœal ophthalmia would be much more prevalent than it is, in consequence of the carelessness and inattention to cleanliness of the majority of patients. But this objection is sufficiently answered by adverting to the laws of the gonorrhœal as well as all the other morbid poisons, viz., that it is only while thin and ichorous, which occupies a comparatively small period of time, the matter is decidedly infectious, and that as it becomes thick and purulent it loses in proportion its contagious and virulent properties. It also explains why experiments of inoculation that have been instituted with the matter secreted by the urethra inserted into the eyes, and *vice versa*, in some instances communicated the disease, and in others produced no result, in consequence of inattention to this law when selecting the matter for experiment. Gonorrhœal ophthalmia is perhaps the most violent and destructive species of inflammation to which the eyes are subject, and if not met promptly by active and appropriate measures, the organ will soon be destroyed. It commences with inflammation of the conjunctiva, (a mucous membrane,) which becomes tumefied, intensely red, and secretes a profuse discharge of yellow matter. The swelling of the conjunctiva causes on the ball of the eye, that appearance termed chemosis, in the centre of which the cornea appears as if buried, while the swelling of that portion which lines the eye-lids causes the eversion. In the progress of the disease, the cornea, sclerótica and entire globe of the eye become engaged in the inflammation, which is attended with intense pain. The cornea at length loses its transparency; ulceration may occur at its margin, or its surface may become white, and sloughy; and staphyloma, with total disorganization of the eye, will be the result. If a case of this kind is met promptly by appropriate measures, the eye may be saved. These measures are blood-letting, largely, even *ad deliquium*, during which state it is curious to observe the turgid and scarlet conjunctiva become perfectly pale. The next step, no matter how high the inflammation, is to drop into the eye a strong solution of nitrate of silver, which acts like a charm in such cases. The proportion we use in this hospital, where we have had numerous instances of most perfect success, is from ten to twenty grains to an ounce of distilled water. It should be repeated three or four times in the day, while frequent ablutions of warm water, by means of a syringe, during the intervals, should be employed; tartarized antimony may be internally exhibited in small doses with advantage, and the patient kept in a dark room, on account of the great intolerance of light which attends this malady. We are indebted to Mr. Melum and Mr. Ridgway, I believe, both army surgeons, for a knowledge of the great utility of nitrate of silver in gonorrhœal ophthalmia, a fact which affords a powerful support to all I have stated respecting its influence in stopping the progress of gonorrhœa in the urethra, and that its exhibition in strong solution would be equally serviceable in the latter, were it not for the injurious consequences that might result from inflammation and its effects in this narrow passage.

#### MORTALITY OF LONDON,

FOR THE WEEK ENDING, 18TH APRIL, 1840.

Age.—0 to 15, 199; 15 to 60, 311; 60, and upwards, 175.—Total, 885.



## MEETINGS OF SOCIETIES.

## SURGICAL SOCIETY OF IRELAND.

MARCH 28, 1840.

Professor PORTER in the chair.

Dr. BELLINGHAM detailed a case of tubercular abscess in the lung, accompanied by remarkable metallic tinkling. [For this case see *MEDICAL PRESS*, Vol. III., p. 237.]

Professor PORTER said that Dr. Benson, from whom an interesting communication was expected, had been suddenly called to a distant county. He would endeavour, as far as in his power, to make up for his absence, and would proceed to lay before the society one or two remarks which appeared to him to possess some interest. Professor Porter said he believed it was well known that he had devoted a good deal of attention to diseases and accidents of the larynx and trachea; and one of the last communications he had submitted to the society was on the subject of certain affections of the larynx, which required tracheotomy to save life, although no person could tell from the symptoms what was the origin or nature of the disease. He wished, therefore, to call attention to some cases. Perhaps, said Professor Porter, there is, in the whole range of surgery, no subject more interesting or important than spasm of the glottis. We know it constitutes one of the most suddenly fatal forms of disease witnessed among children—a form of disease on which the opinions of the profession are divided, and many different causes assigned. We know, too, that in many affections and lesions of the larynx, spasm of the glottis is a common symptom; and that many persons who die of disease of the larynx, are killed by spasmodic suffocation. On this subject, however, I shall not dwell, for I am confident that most of those here present are well acquainted with them, and shall merely call attention to spasm of the glottis dependent on some unknown sympathy, or some remote influence possessing no traceable communication. Some years ago I stated, in my observations on diseases of the larynx, that I doubted the existence of this kind of spasm; I feel it, therefore, necessary to correct an error into which I have fallen, particularly as it has been transferred to the pages of the *London Cyclopædia of Practical Surgery*, and put forward under the poor sanction of my name. The records of surgery are full of cases which lead us to believe in the existence of this affection. A very remarkable case of the kind is given by Mr. Kirby in the second volume of the *Dublin Hospital Reports*, in which a piece of beef stopped in the œsophagus below the cricoid cartilage, and in which the man died of spasm of the glottis without any sign or appearance of pressure on the larynx sufficient to account for death. Dr. Stokes gives a case of spasm of the larynx from the stoppage of a piece of money in the œsophagus. Perhaps one of the most satisfactory cases of the kind occurred in a child which was left alone in a room by its mother, playing about. On her return, she found it in a state of suffocation, and brought it to the Meath Hospital. On examining the fauces, I thought I could feel something in the œsophagus. I administered a brisk emetic, and this iron ring which I hold was thrown up out of the œsophagus. The child was suffering from violent spasm, and would, in all probability, have died if the ring had not been rejected, and yet any one who inspects it will perceive at once that it could not produce such a degree of pressure on the œsophagus as to endanger life. Another case in which a piece of soft bread stuck in the œsophagus of

a child, was attended with similar symptoms of suffocation, and relief was obtained by pushing it down into the stomach with a probang. All these cases you will say are presumptive, but not positive proofs of the affection I speak of. I turn now to two cases to prove that there may be such a thing as spasm of the larynx from such influence, and that this unknown sympathy may be carried so far as to destroy life. In July, 1837, I was called to see a case of acute laryngitis; the case was attended by myself and a gentleman well known as an excellent stethoscopist. I went, and finding the man in a state of suffocation, opened the trachea. He was pronounced by the stethoscopist to be labouring under acute laryngitis. After the operation the man expressed great relief; he appeared as well as any person I ever saw after an operation, and yet in the course of three days he died. On examination after death, I found the larynx as sound and healthy as ever I had seen it in my life; death had been produced by the bursting of an aneurism of the aorta. Yet, so urgent were the symptoms of spasm of the glottis, that the man would have died in a few hours if he had not been operated on. But perhaps this case does not go far enough. It may be said, that the aneurismal tumor might have pressed on the recurrent nerve, and that this by paralyzing one set of muscular fibres might have caused the rest to act spasmodically.

I come now to speak of a different case altogether, a case in which there could be no pressure likely to affect the functions of the glottis. I think it was in the month of December last, a child was brought to the Meath Hospital, who was said to have swallowed a stone. I examined him with the stethoscope, and found the usual indications of the pressure of a foreign body in the trachea. In the course of a few hours after admission, the child was seized with a paroxysm of suffocation and difficulty of breathing, resembling that which occurs in acute laryngitis, and appeared almost moribund. I made a free incision into the trachea, with perfect relief to the child, but could not succeed in finding the stone; the breathing became quite relieved, the mechanical obstruction remaining still the same. He remained tolerably quiet for a few days, until the wound of the trachea began to close, when the symptoms of suffocation again returned, and to such a degree, as obliged me to open the trachea again. I operated with the same success as before, and every thing went on well until the wound began to heal, when the recurrence of spasmodic symptoms obliged me to operate a third time. I now kept the wound open, every thing went on well, and in a short time afterwards the stone was expelled by coughing, in the natural way, and not through the wound. This proves that there may be spasm of the glottis from a remote influence, and independent of any direct irritation of the larynx, for in this instance however the stone might interfere with the passage of air into the lungs, it never interfered with the functions of the larynx, or brought life into danger as long as the opening in the trachea remained pervious. Here then are cases to prove that there may be spasm of the glottis, independent of direct irritation of the larynx, and connected with some remote influence, and attended with symptoms of such intensity as to require an operation to preserve life. There is another point in the last case I detailed, which I shall direct attention to, although it does not exactly bear on the subject under consideration. I have now in my memory a recollection of four cases of foreign bodies, loose and moving freely in the trachea, in which an operation was performed, and yet the foreign body was not got rid of for a considerable time. The first of these cases occurred in 1837, in the practice of Mr. Cusack. Before the operation, the foreign body could be felt moving so



freely up and down the trachea, that we were sure it would be expelled with considerable force, and shut down the window sash, lest it should be driven through the open window and lost. The boy was operated on, but the foreign body was not expelled, nor could it be got out. It was thought necessary to enlarge the opening in the trachea once or twice, but without any effect. At last the boy's father got tired, and took him down to the county Waterford; while he was on the journey the stone was thrown up through the natural passage. Here is a stone taken from the trachea of a child, on which I operated some time since. You will perceive that its long diameter is greater than the transverse diameter of the trachea of a child three years old. If it was thrown with its long diameter, in the long diameter of the trachea, it might have been expelled by a fit of coughing. In conclusion, I may observe, that I have seen some instances in which foreign bodies lay in the trachea for a considerable time, without exciting much inconvenience. In a case operated on by Dr. Houston, a double tooth with large fangs, lay for a considerable time in the trachea without causing much annoyance, and Mr. Liston has given a case, of a sharp piece of bone lying in the trachea for six months.

Mr. DILLON said he did not think the theory of spasm of the glottis was of such recent date. Many years ago it was alluded to by surgical writers, and laid down as one of the causes of protrusion of the lung in cases of wounds of the thorax. He merely alluded to the fact, to shew that the observation was by no means new. With respect to the hypothesis of paralysis of the recurrent nerve in the case of aneurism, mentioned by Professor Porter, he knew this was one of Majendie's theories, but like many other theories put forward by the same author, it was imperfect and inconclusive.

Professor PORTER said he did not attach much weight to Majendie's theories or experiments. He did not mean to say that the theory of spasm of the glottis was of recent date, but he believed it was a disputed point, whether spasm of the glottis independent of disease of the larynx could occur in the adult.

Mr. M'Coy mentioned a case of spasm of the glottis which occurred at Jervis-street Hospital. A woman while eating a herring, felt one of the bones sticking in her throat, and shortly afterwards was seized with symptoms of suffocation. On looking down her throat, Mr. M'Coy observed a herring bone sticking in one of the follicles of the tonsil; the point of this occasionally touched the epiglottis, and every time it did so, brought on violent spasms. It was removed with a common dressing forceps, and the woman got well in a few minutes. With respect to protrusion of the lung, he thought that it was accounted for sufficiently, by the mode in which the patient respires, without having recourse to spasm of the glottis for an explanation.

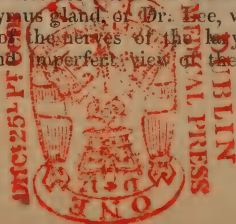
Dr. BEATTY observed that gentlemen had wandered a little from the point under discussion. He looked upon Professor Porter's communication, as one of great value. It was well known that the true nature of spasm of the glottis was still a debatable question, and he thought any observations, coming from a person, who, like Professor Porter, had made the diseases and accidents of the larynx, the subject of close investigation, were entitled to the attention of the profession. His communication went to establish what Dr. Beatty believed to be the fact, viz.:—that spasm of the glottis is capable of being produced by a variety of causes, and that authors such as Kopp, who attributes the disease in children to enlargement of the thymus gland, or Dr. Lee, who attributes it to paralysis of the nerves of the larynx, have taken a narrow and imperfect view of the question. Their

views are not to be looked upon as explaining the nature of spasm of the glottis; for the cause of the disease, as Mr. Porter had shewn, was not single but manifold. Some cases which he had already brought before the public, bore on this view of the case, for he had shewn, that irritation in a distant part is not unfrequently the cause of spasm of the glottis. He was convinced from circumstances which had come under his notice, that spasm of the glottis was one of the earliest symptoms of incipient hydrocephalus. He had seen it occur in children, who had afterwards exhibited unequivocal symptoms of hydrocephalus, verified by dissection, and in whom, no trace of laryngeal disease could be discovered. In almost every one of the cases, the most prominent symptoms were crowing inspiration and paroxysms of suffocation. He did not however mean to say, that the spasm of the larynx was to be referred in all cases to irritation of the brain, for it is often seen in connection with enlargement of the thymus gland, and other affections. The consideration of this subject was also important, as leading to a more accurate examination in all cases where any symptom of spasm of the glottis appeared among children. Some children have the crowing inspiration at a very early period of infancy; they awake out of sleep with it, and are apt to lose their breath from trifling causes, as for instance, from the act of swallowing fluid. The symptom is too often overlooked, or if noticed, is frequently attributed to disease of the stomach, but the practitioner who is acquainted with its real nature, will pay the most watchful attention to the state of the brain. The cases brought forward by Professor Porter, shewed that spasm of the glottis may be superinduced by the agency of remote causes. The fact of irritation of the larynx from disease of the brain, could be understood to a certain extent, for the influence of the brain on the muscles of the larynx, was a point established by repeated observations. There is another affection however, which, although merely one of function and not connected with organic disease, appears in some instances capable of producing very violent spasm of the glottis. Dr. Beatty had witnessed some instances of this, and had seen it go very far, in fact so far, that many persons would look upon it as demanding an operation. On these grounds Dr. Beatty looked upon Professor Porter's communication, as one of great interest.

Dr. HOUSTON said a circumstance had occurred to him, which tended to bear out the views put forward by Professor Porter. The case to which he alluded, occurred when he was a student. It was one of aneurism of the arteria innominata, just where it lies on the trachea. It was a flattened sac, not as large as a walnut, simply adhering to the outer surface of the trachea, without any communication with it, or without exciting any inflammation or morbid change. Yet the patient died with symptoms of croup—with violent spasmodic contraction of the muscles of the larynx, incessant cough, and difficulty of breathing, but without any appreciable sign of pulmonary disease. On examination after death, the glottis was found quite pervious, and there was no reason to think that the pressure of the aneurismal tumour could be such as to give rise to the fatal termination.

Professor PORTER said that a case similar to that alluded to by Dr. Houston, had been given by Mr. M. Collis, and that the preparation was in the museum at Park-street.

Dr. GEOHEGAN said there could be no doubt that disease of the brain was sometimes the cause of this spasm of the glottis. There was also another cause which was known to produce it, he alluded to painful and difficult dentition.





Mr. SMITH laid before the meeting a case of intussusceptio, illustrated by appropriate drawings. There was a polypus attached to the lower portion of the invaginated intestine, which would go to prove that it was the chief source and origin of the disease. In Mr. Smith's case, a considerable portion of the lower division of the ileum had passed the ileo-cæcal valve, and was lodged in the colon. The patient was admitted into hospital, with symptoms resembling those of peritonitis from perforation; or of internal strangulation of the intestines, and died on the fifth day. Mr. Smith entered into a minute description of the relative situations of the different portions of intestine, illustrating his descriptions by some very accurate and well executed drawings, and explained the mode of cure, as well as the circumstances which tended to limit the intussusceptio. The most interesting features in the case was, the presence of a polypus growing from the mucous membrane of the ileum, which seemed to have given rise to the disease; the fact of the intestine having passed through the ileo-cæcal valve; and the great similarity which the symptoms bore to those of internal strangulation of the intestine.

Dr. Houstoun mentioned a case of intussusceptio, in which there was an encysted gall stone at the lower part of the invaginated intestine; the preparation was presented to the museum of the College of Surgeons by Mr. Kirby. He thought that in this instance the gall stone could not have acted by gravitation, but was forced down by the bowel in consequence of the irritation it excited. As to the descent of the small intestine into the cæcum, he begged to state, that there were three preparations in the museum, shewing the descent of a considerable portion of the ileum into the cæcum.

The meeting then adjourned.

## PARISIAN HOSPITALS.

HOPITAL DE LA PITIE.—M. LISFRANC.

*Phlebitis and Inflammation of the Lymphatics.—Angioboleucitis.*

Claude Prüot, aged 36, habitually enjoying good health, but apparently of feeble constitution, and of the lymphatic temperament, on the 15th October, 1839, fell down stairs, the whole weight of the body bearing on the left wrist: next morning the joint was stiff and swollen, which did not, however, disable him from pursuing his usual avocations: on the following days the swelling increased—the hand became painful, and, on the 1st of November, was so red and swollen, that he was compelled to remain in bed. On the 4th of November he was admitted into a surgical hospital, where two abscesses on the dorsum of the hand were opened, giving exit to a large quantity of pus: the disease nevertheless progressed, so that on the 25th, amputation of the hand was proposed, which was, however, rejected; and the patient leaving the hospital, was admitted to La Pitie, under the care of M. Lisfranc, 5th December, 1839. The operation did not then appear necessary; and, after some days, the limb appeared safe. Compression, exercised by circular bandages, and disks of agaric, were the last means employed to complete the cure; and, on the 15th of January, the swelling had diminished so much, that the hand might be considered in its natural condition as to size.

January 24th.—A slight redness appeared round a fistulous orifice situated in the second inter-osseous space, which had resulted from the opening of the superior of the two abscesses: the following day a portion of the bone found exit. The two fistulae, now rapidly contracted, and yielded but little pus,

and the patient's state, as to general health, was excellent.

February 4th.—The patient, while walking as usual in the court of the hospital, caught cold, and became feverish. Next morning, no appetite—tongue red at the point—pulse frequent—left hand hot and slightly swollen.

Directed to be confined to bed—low diet—poultices.

In the evening, intense redness on the back of the carpus, extending towards the ulnar side of the forearm; along which there are also rose-coloured streaks, with similarly coloured patches at the points where those streaks decussate. The streaks are painful, especially on pressure—the skin is tense and shining—the entire track of the ulnar vein, as high as the elbow, presents a more uniform and uninterrupted redness—and on pressure, along the course of the vein, a hard cord is felt, situated more deeply than the lymphatics, and not presenting knotted points.

February 6th.—The progress of the inflammation has continued, although the anterior part of the arm seems equally affected—it is yet easy to perceive points in which the erysipelatous colour is less intense, excepting over the track of the ulnar vein where it is uniform, in which situation also the adjacent cellular tissue is cedematous—rigors, which existed antecedently, have ceased during the night, having been replaced by a hot stage, which still continues, though now somewhat diminished.

Twenty leeches to be applied to the centre of the arm anteriorly—cataplasms—perfect rest—low diet. Muriate of baryta, which the patient had been taking since admission, discontinued yesterday.

Evening.—The patient finds himself better—swelling and redness considerably diminished.

7th.—Some of the leech-bites are still bleeding—with the exception of slight redness and doughiness, the symptoms of yesterday have completely disappeared from the fore-arm—the inflammation has, however, attacked the fingers, especially the thumb and index finger.

Cataplasms discontinued—simple ointment over the entire extent of the left upper extremity—low diet.

The convalescence now progressed without interruption.

PHLEBITIS.—Malherbe Francois, aged 36, of vigorous constitution, received a superficial excoriation on the front of the wrist from a nail which projected from a table which he was moving; but little blood flowed, and the wound soon crusted. Nearly a fortnight elapsed without the crust falling, probably in consequence of its being renewed by the friction of his clothes, which also, probably, kept up irritation in the wound. For a considerable period, the patient had forgotten this trifling injury, and had constantly exercised the limb as usual. At length the circumference of the crust became detached, and the next day it was surrounded with a painful erysipelatous redness, to the extent of a five franc piece. A poultice was applied, but the disease extended, and two days subsequently the patient was admitted under our care.

30th January, 1840.—A superficial and, apparently, recent wound exists on the front of the right wrist—it is eight lines in diameter, and exactly corresponds to the tendon of the *flexor sublimis*. This wound is surrounded by a dark-red areola, which chiefly occupies the inner side of the wrist, and does not extend to the fore-arm, which is completely exempt from the least erysipelatous blush. There are, however, two violet-coloured streaks commencing at the wound



—one externally, which corresponds to the course of the median vein—the other internally, following the line of the ulnar vein. The median basilic presents a similar discolouration. The intenseness of the colour diminishes at the point where the ulnar vein joins to form the basilic, and disappears completely four fingers' breadth below the elbow joint.

The radial and median cephalic veins are unaffected. The straightness of the red streaks, their not decussating, as is the case in inflammation of the lymphatics; the intensity of the redness, which does not present the superficial roseate tinge of inflamed lymphatics; the absence of red patches, and also of premonitory symptoms so usual in *angeioleucitis*, and so rare in phlebitis; the *depth* of a hard enlarged cord, which is to be felt in *the course of the veins*; all these circumstances intimate the existence of phlebitis. The pain is sharp, pricking, augmented by the slightest pressure.

The patient has for the last nine days laboured under slight fever, indicated by sleeplessness, loss of appetite, thirst, slight redness, and dryness of the tongue. There is no enlargement of the axillary glands.

30 leeches to the centre of the arm—emollient poultice to the entire limb—low diet.

The leeches bled copiously—several large poultices were applied during the day.

Evening.—The red streaks did not extend beyond the middle of the fore-arm, and the intenseness of their colour is much lessened—the wound suppurates freely—tongue moist—pain diminished.

Opiate julep.

31st.—Passed a good night—feels to-day much better—the red streaks are to-day scarcely perceptible, and hardly sensible to pressure—the cellular tissue surrounding the veins is less hard, scarcely feeling as a cord—motion of the limb much less difficult.

The case went on to a favourable termination without anything occurring worthy of further remark.

#### ON THE CITRATED AROMATIC WINE OF IRON.

TO THE EDITORS OF THE MEDICAL PRESS.

7, Cecil street, Limerick, April 4, 1840.

GENTLEMEN.—The preparations of iron in general use being either difficult or disagreeable to take, I think it no small advantage to introduce to the notice of the profession one free from these objections, yet possessing the efficacy attributed to ferruginous preparations; because the class of patients for whom the remedy is prescribed are usually weak or irritable, a condition in which the stomach almost universally partakes.

That which I am about to refer to has been improperly termed *tinctura ferri aurantiaca*, though a *vinous* preparation of the per and proto-citrate of iron. The formula for its manufacture is contained in the *Pharmacopœia Wirtembergica*, published in 1798. The preparation itself possesses the most agreeable odour and taste of any medicinal compound ever introduced into practice. It is aromatic, carminative, and tonic, and I have no doubt will supersede the preparations in general use, once it has been fairly tried.

Four ounces of iron filings, or, what I think would be better, iron wire, are put into a stone mortar; with these are beaten up four Seville oranges, deprived of the seeds. Two or three days are allowed them to stand, having been placed in a wide-mouthed bottle; to them are next added ten ounces of Madeira wine, and two ounces of spirit of orange peel. After digesting for a fortnight the entire is expressed and filtered. A fine dark-coloured aromatic fluid is the result, highly

chalybeate, and exceedingly agreeable, not only as to the taste left in the mouth, but the sensation it produces in the stomach. It is a compound of proto and per-citrate of iron, with perhaps a little tartrate from the wine, saccharine matter, mucilage, and essential oil.

Three parts of this preparation, with one of syrup of *smilax aspera*, forms a compound which will not be rejected by the most delicate stomach. I have given it to children, and young persons in various forms of disease with debility, and I have never found it disliked or rejected, but its repetition rather looked for. In strumous habits, where an excess of the white tissues constitutes a congenital evil—in passive uterine hæmorrhage; anasarca from general debility—chlorosis—malignant disease, in which iron is so highly extolled by Mr. Carmichael—and in those diseases which arise from a general deficiency of tone, this preparation would seem to me to be of exceeding utility, from its agreeable and chalybeate qualities.

Where the secretion from a relaxed state of the mucous membrane in chronic bronchitis exists, I have no doubt but it will be found efficacious, combined with Ipecacuan wine.

From having used this remedy repeatedly, as I obtained it from Mr. Stevenson's Limerick Medical Hall, where all that is new and valuable in pharmacy may be obtained, I can confidently recommend its use to the profession, and I have been led to do so because I consider it a valuable addition to the prescriber, and because I wish to bring it under the notice of Mr. Carmichael, who has spoken in high terms of a preparation recommended to him by Sir J. Murray, from the facility with which it can be retained upon the stomach—I mean carbonate of iron, in the act of precipitation, as made by dissolving bi-carbonate of soda and muriated tincture of iron in water, which is taken in a state of effervescence. I hope that eminent practitioner will give this citrated wine of iron a trial amid his numerous opportunities; and, if he does so, I have little doubt he will prefer it for general use, particularly in private practice. As the lemon contains a larger quantity of citric acid than the orange, I would suggest the addition of one lemon in the formation of the quantity before ordered, which, I think, might be an improvement as well as an addition.

I send you, Gentlemen, a sample of that furnished me by Mr. Stevenson, that you may judge for yourselves as to its qualities; and in begging an excuse for this intrusion upon your valuable columns, I remain,

Your obedient servant,

W. R. GORE.

#### TO SIR ANTHONY CARLISLE

Glasslough, April 17, 1840.

SIR,—With every respect for your talents, and for the high renown which you have reflected upon our profession by your industry and zeal in the pursuit of knowledge, I venture to address you in answer to your letter of March 24th, and I do so the more boldly, because I have the honour of being a member of that college to which you belong, and one of those who have invariably looked upon you as its brightest ornament.

I am proud of having followed your footsteps in one respect—that of keeping free from all affairs beyond those of my profession—and I do hope to follow up your example further, by "living long and variously in the world."

I must plead guilty to the charge of being among that class of men, who, (in your set phraseology,) "turn the world upside down," but in possession of a more expanded view, in common with the band to which I belong, than what you give credit for. There



is no selfish object in our pursuit—no unfair selection of one monopoly above another—it is not the established institutions of “English physicians, surgeons, and apothecaries” *alone*, that we wish to crush beneath our gigantic strides. The system of medical reform *now* agitated, flings from its pathway all narrow prejudices—the evil is a crying one—the remedy a bold one! And when success attends our banners, as it eventually must, all monopolies, unjust in their nature, and all bodies armed with the means of protecting their various members, yet neglectful of their *only* duties, will experience the renovating influences of reform—whether in England, Ireland, or Scotland.

The “agitators” of those complicated projects have been, and are remarkably distinguished, for professional talents and experience—talents not derived from the garments of their examiners—nor procured from the ordeal of an examination, but natural talents developed and enlarged by indefatigable industry, and rewarded by the opinion and *solid* estimation of the public. If the names of individuals were demanded, the answer could be given in a fearful list; but, in the name of reason, how comes it, Sir Anthony, that such a *sturdy phalanx*, on your own admission, could have passed the rubicon of their respective colleges, without being in possession of even respectable abilities. Would not this go far to prove “that there is something rotten in the state of Denmark.” But let those agitators, those restless spirits, persevere for a little longer, and they will compel our tardy legislators, by their repeated, united, and determined appeals, to attend to the wants and the wishes of the many, whose sole object is the honor and respectability of the profession, against the private views, and narrow, yet natural, reluctance of the few.

In the turmoil of an arduous profession, such as ours, it is seldom we have leisure to bestow (from public or private engagements) any portion of our time in fostering a spirit of *unnecessary* “discontent;” and the admission, on your part, of the prevalent “discontent,” in every branch of the profession, convinces me the more firmly that something is vitally wrong in the present management of our affairs: and as strength depends on union, and victory on the nerved arms, and daring hearts, more than on numbers, I hope you will long live to wear your justly-earned honours, after our “*raw levies*” shall have dispersed the “wily generals” who hug with surprising attachment the good old regime.

With regard to the “reckoning,” I have nothing to say; our struggle is for increasing respectability, and for the elevation and honour of the profession.

The “agitators for legislation” have other subjects for the interference of the Commons’ House of Parliament, than what lies within the boundary of your Alpha and Omega. We require much more than what is included in your “declaratory enactments”—we demand *substantial* interference—this is beginning at the right end of medical reform; other attempts would not be accompanied with desirable results.

Medical reformers wish to alter that state of matters, which drags a professional gentleman from the bedside of the sick, or from the studies which are necessary to qualify for such duties, to mingle in the throng of road contractors, and cess-payers, for the purpose of hearing the claims of his coroners’ order canvassed, and argued on by men who are *often* alike ignorant of the value of his services, and the security afforded to the health of the state through his instrumentality: and then, again, to save him from another disreputable avocation—viz., pursuing his paltry order, *reduced* or otherwise, to the assizes, and there seeing it presented for in the hopes of future payment. This has been a crying evil. Where is the shield of protection which the colleges cast over their

members in this persecution? In what tome, in the keeping of their respective librarians, lies the general summons for their members to aid the valued *heads* in remonstrating against such noxious arrangements, and demanding from a parliament, legislating in ignorance, the expulsion of such an anomaly from the statute book?

Medical reformers seek to do away with the power of assistant barristers, in issuing summonses to attend their courts, until those judges possess the power of remunerating—and also to check overweening insolence in presuming to fine for non-attendance, until such rights are fully bestowed upon them. Professional endurance has been stretched to its utmost bounds without one consolatory gleam of hope issuing from the crevices of college committee rooms. But thanks to the exertions of a *few*, sinews have been discovered in every shire and county in the three kingdoms fully competent to rectify all abuses.

Medical reformers wish to “equalize” the profession—they desire to recognize abilities such as *yours*, which they cannot, and dare not do, under present absurdities and monopolies. Would it not be gross injustice to you, Sir Anthony—would it not be guilt towards the public generally, and the diseased particularly was the situation of surgeon to the county Monaghan Hospital vacant, and that you presented yourself, with all your well-earned glories, for the vacancy—that I, as a governor of that institution, must forego conviction—give up superior claims—renounce talents of the highest order, and, by my vote, proclaim to the county, and to the kingdom, the climax of absurdity!—That, although you might dress the wounds of a commander-in-chief in the department of the army, or minister to the surgical wants of a naval hero—procure a dispensary, or fever hospital—prescribe for the being who graces the throne of our country, and downwards to the humblest possessor of a cabin, yet that *you* were not competent to dose some forty or fifty patients in an hospital, or walk the wards with a knife or a prescribing book; and that a tyro, with the favoured diploma in his pocket, and scarcely the shadow of your experience in his head, would march over your prostrate hopes, and in this become your *superior*. Is this an evil, or is it not?

Medical reformers wish to have a uniform standard of education in the three kingdoms, and not to have our towns and villages crowded with practitioners, who, while they inflict an injury on the public, carry along with them the taunts and sneers of the intelligent portion of society, who, too frequently, measure the standard of medical education by such shameful examples.

Here are a few tangible points, Sir Anthony, out of the many which we aim at: and I do firmly believe, after a little time, when arrangements are made for a long pull, a strong pull, and a pull altogether, we will effect those weighty improvements which are so lightly talked of, and written of *now*, but for which posterity will be thankful.

I have the honour to remain,

With every respect for your talents,

Your obedient servant,

RICHARD MAFFETT, M.D.,

Medical Attendant to the Glasslough and Emyvale Dispensaries, and Trough Fever Hospital.

#### CURE OF SQUINTING.

Dr. A. Franz, of London, has published two cases of division of the internal rectus muscle of the eye, as recommended by Dieffenbach, for the removal of strabismus. We believe Dr. Franz’s operations are the first of the kind performed in Great Britain. We understand that both are proceeding favourably.



## TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, 17th April, 1840.

GENTLEMEN,—Should you consider the publication of the following correspondence would be useful to the cause of Medical Reform, you will much oblige me by publishing it. If every medical reformer would but act according to the circumstances in which he is placed, or the opportunities afforded him; and however remote his district, or humble his situation, if he would but throw his mite into the general treasury, our profession would not be torn asunder as it is, by internal divisions, nor fettered by legal enactments; the nineteen licensing bodies would ere long be abolished, and one national faculty of medicine would then be established.

Some few months ago, Sir Philip Crampton came on a professional visit to the county of Clare, to see a patient whom I had been attending. I had the pleasure of meeting him in consultation, and of spending a very happy day in his company. He asked me a great many questions regarding the practice, the remuneration, and the various professional difficulties and hardships of the medical practitioners in country districts, as connected with coroner's inquests and attendance as witnesses at sessions courts, and assizes; and I, being one of the class of country practitioners, was enabled to give him some little information upon these subjects.

Upon leaving this he requested of me to write him a letter, embodying a brief account of some of the legal grievances under which I conceived the Irish medical practitioners to labour. He also requested I would state nothing except what I could verify beyond cavil or contradiction; and that I would abstain from making any comments or reflection of my own upon these grievances. I believe he perceived I was rather too much inclined to reflect, and, perhaps, rather harshly, upon the legal enactments by which our profession in Ireland is ground down and degraded; and yet it must be admitted that the evils under which we labour, are mainly attributable to our own supineness and want of union amongst ourselves. He expressed a wish to place these facts as detailed by me, before the Irish government, in the hope that something might be done to redress them. I wrote the accompanying statement to him; and he, according to promise, enclosed it to Lord Morpeth, with his own admirable letter which I subjoin, and to which he got an immediate answer.

I asked Sir Philip permission to publish this correspondence in the MEDICAL PRESS. This he immediately granted, with the exception of Lord Morpeth's letter, which is not official, and part of which he considers a private communication, and therefore most properly conceives it ought not to be published. I have seen this letter, and I can vouch that it is perfectly satisfactory, and is just such a letter as might be expected from this liberal, gifted, and high-minded nobleman, whose kind heart and generous disposition are well known, and fully appreciated. I have not the least doubt but that Lord Morpeth will do any thing in his power to promote the welfare, and to ameliorate the condition of the medical men of Ireland.

Your obedient servant,  
SIMON ENRIGHT, L.R. C.S.I.

“TO SIR PHILIP CRAMPTON, BART.

“Ennis, 16th October, 1839.

“MY DEAR SIR,—In compliance with your wish, expressed to me when I had the pleasure of meeting you here lately, I take the liberty of writing to you. My object is to place before you a few facts regarding some of

the grievances which the law imposes upon medical practitioners in the country parts of Ireland. I shall be as brief as I can in my statement; and I beg to say I am ready to verify, on oath, the truth of what I mention.

“First, with regard to the surgical attendance upon the jail. I, as one of the surgeons of the Clare Infirmary, am obliged to attend, whenever called upon, all the inmates of the Ennis jail, gratuitously. The penalty upon me, if I do not attend, is, that my salary at the county infirmary is stopped. This you will find laid down in one of the sections of the late grand jury act. The physician of this jail is paid a salary—every person employed there, from the governor's down to the lowest situation, are all paid except the surgeons. Now, I do not think this is either just or fair. I have attended cases of midwifery in this jail;—can you tell me why it is that the services of every other individual are considered worthy of remuneration, with the exception of those alone of the surgeons? I can't understand it. The surgical attendance upon the jail here is troublesome, laborious, and inconvenient to me, and yet I am compelled, by law, to perform it gratuitously.

Secondly, with respect to giving medical testimony in courts of justice. I am frequently summoned as medical witness to the quarter sessions in this county, and the law does not allow me any remuneration. I remember, for instance, having been summoned to the sessions at Six Mile Cross, which place is about eleven miles from Ennis. I have been there for nearly the entire of two days and a night, and upon applying for payment to the assistant-barrister, Mr. Major, was told by him, ‘that he regretted he had no power to pay me—that he felt the hardship thus imposed upon medical men—that he had represented it two or three times to government, and that no notice was taken of his representations.’ The penalty for non attendance at sessions courts is, I believe £10 or £20. Were I summoned as an ordinary witness I would not complain; but what I complain of is, that it is not to give ordinary testimony, but medical testimony, that I am called upon; and though going as a professional witness, I am not considered by law as entitled to any compensation, for loss of time, trouble, and expenses, and I may be detained, in this county, fifteen miles from home for three days. This I consider a great hardship. At the assizes, the medical witnesses are very inadequately paid. There is no regular standard of payment—some get much less than others. In Ennis we are obliged to take whatever the crown solicitor, or, in his absence, whatever one of his clerks pleases to give us. Of late the payment given has been two guineas for a case—suppose a case of murder—so that though the surgeon may be in attendance at court all day, for three or four days, if he be summoned but in one case, he gets only two guineas, and he may be fined £100 for non-attendance. The case cannot be concluded against the prisoner without his testimony, therefore his attendance is strictly enforced, it being peculiarly important for the ends of justice.

Thirdly, regarding coroner's inquests, I will give you one instance, amongst many I could mention. I was, some short time ago, called upon by Mr. Robert Green, the coroner, to attend an inquest, about twenty-two miles from Ennis, in this county. In order to go the shortest way, we had first to go into Limerick, which is eighteen miles from this—then we had to go to a churchyard, where, assisted by a policeman, I was obliged to disinter the body of a child, and make a post-mortem examination. I was away from home a great part of two days and a night, and travelled about 44 miles; and for this I got an order for £2. 2s. from the coroner. This order is not paid for 12 months, and the cess payers at sessions may diminish it to one pound, or even to five shillings if they please. It has been decided by the twelve judges, that they have this power, and it is one which they have exercised before now in this county. The coroner could fine me for refusing either to go with him, or to disinter the body. In this case my opinion was that the child was murdered. You will admit that for all the professional duty I had to perform in this instance, I was not adequately remunerated; and that the law is defective regarding medical witnesses at coroner's inquests in Ireland. I wish you to understand that my complaints in these instances are not entirely grounded upon the mere



affair of pounds, skillings, and pence. No. But I feel that our profession is degraded and lowered. When the government are pleased to put so low an estimate upon its value and its usefulness, the public, I regret to say, are but too much inclined to follow the example. If you will exert your influence to procure a repeal of these unjust laws, and a redress of even some of our many grievances, the country practitioners in Ireland will feel deeply indebted to you.

"I remain, my dear sir, very faithfully yours,  
"SIMON ENRIGHT"

"TO THE RIGHT HON. VISCOUNT MORPETH.

"Merrion-square, Dublin, Dec. 13, 1839.

"MY DEAR LORD MORPETH,—I doubt if the enclosed letter can properly be brought under your official notice; but if I act irregularly in transmitting it to you, you must attribute it to the confidence which I feel in your kindness as well as justice. I am aware that when injustice is complained of in matters which fall within the jurisdiction of grand jurors, relief does not lie *directly* with the government; but it is always something for those who suffer from the injustice, to know that their case is not unknown to those in authority, who, (if they want the power) have, at all events, the disposition to deal with them, not only with justice but with liberality and kindness.

"Of Dr. Enright (the writer of the letter,) I am bound to say, that there cannot be a more respectable or trustworthy man. He is one of the surgeons of the Clare Infirmary, and is considered by the gentlemen of that county, from whom I have made enquiries respecting his character, as a person in whom they place unlimited confidence. I met Dr. Enright on the occasion of a professional visit, I lately made to the county of Clare, when I had an opportunity of verifying every part of his statement. I, consequently, make myself responsible for its exact truth. The doctor, with admirable delicacy, touches but lightly on the pecuniary loss which a medical man sustains by being detained, for two or more days, in a remote part of the county, and out of the reach of his immediate professional connections. I may, therefore, just remind your lordship, that, from the very nature of his duties, an absence of two or three days from his immediate district, subjects a medical man to a loss both immediate and remote, the extent of which would be difficult to estimate, but which must always be considerable. The truth is, that in the country parts of Ireland, the multiplication of dispensaries has caused a competition among medical men, for a mere existence, which has lowered the rate of professional remuneration far below what is due to the value of the services they perform—the labour and risk they incur in performing them, and the station which they ought to hold in society. Under these circumstances, the loss of a single patient becomes a very serious matter, not so much for the immediate pecuniary loss, (for which the legal allowance might, perhaps, be a sufficient compensation,) but for the *contingent* loss of a professional opportunity, on which the whole success of a professional life might depend. If, therefore, there be a man in the community whose time is, in every view of the case, most valuable to himself and others, that man is a medical practitioner in the country; yet, by a strange fatality, he is the man of all others, exercising a liberal art, to whose time and skill the law allows the lowest price.

"That a system so unjust, will, at no distant period, produce results in the highest degree prejudicial to the best interests of society, I cannot entertain a doubt; for, let medical practitioners be what they may, to them we must entrust the very highest and dearest of our temporal interests. Shall we, then, in the spirit of a niggard and short-sighted policy, receive "tenders" for the execution of so sacred a trust, and commit honour, health, and life itself, to the mercies of the lowest "bidder?" Or shall we not exert the only, and, I trust, the all-sufficient security which can be offered for the faithful discharge of the trust—the making it an object worthy of the ambition of men of liberal education and honourable station.

"Believe me, my dear Lord Morpeth, most truly and faithfully yours,

"PHILIP CRAMPTON."

TO THE EDITORS OF THE MEDICAL PRESS.

Ballineen, Bandon, Thursday night,  
April 23, 1840.

GENTLEMEN,—On looking over the report of the meeting of surgeons and physicians to the metropolitan dispensaries, in yesterday's PRESS, I find that the respected Chairman, in alluding to my treatment at the late Cork assizes, has made a slight mistake. It was not Judge Perrin ordered me £4 for my attendance and loss of time. The Crown Solicitor, *very liberally*, ordered me *six guineas* (!!) for eight entire days' attendance upon the court; which order was cut down (by what authority I am at a loss to learn,) by the clerk of the peace to £4 4s.

As we are at present at the mercy of all functionaries, and I always act upon the principle "*suum cuique*," may I beg you will give the above few lines a corner in the next number of your independent Journal.

I am, Gentlemen,  
Your most obedient servant,  
J. H. JAGOE, M.D.

#### TO CORRESPONDENTS.

*Communications received from Dr. Hadden, (Wexford,) Mr. Lowe, (Hamilton, Lanarkshire,) Dr. Donaldson, (Buttevant.) Alpha will not find the information he requires in books; his better plan will be to consult some medical practitioner who will have an opportunity of seeing his friend.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 29, 1840.

#### THE MEDICAL CLUB AND THE MEDICAL PRESS.

A communication professing to emanate from the "MEDICAL CLUB," appeared in the *Lancet* of the 18th inst., containing furious denunciations of vengeance against this journal and its proprietors, the conductor of that periodical however at the same time observing:—"We intended to make some remarks on this splenetic libel, which the parties whom the author tries anonymously and sneakily to injure, may well afford to read and laugh at; but want of space prevented us from fulfilling our purpose. It is the first and last of the series in this journal." Laugh we must, and so will our readers, at the natural and involuntary expression of delight indulged in by the writer, at the enjoyment of an unusual meal of palatable food; but our laughter is speedily checked, by the humiliating conviction that he is, at least by virtue of a diploma, a member of our profession, and writes with the hope of propitiating his superiors. He begins:—

"United Medical Club, Dawson-street, Dublin.

"The United Medical Club, which is *really* very handsome, large, and convenient, and where I am at this moment in the best humour possible, having taken for lunch, a bowl of capital mock turtle soup, and having given a friend a treat of a large cup of the best mocha, with roll and butter, and *all for the small charge of one shilling.*" A bowl of soup for one sixpence, and coffee with rolls and butter for another, are, we admit, advantages not to be despised; but then, how does it happen that the price is so small? whether it is to be attributed to the importunate solicitations and letters addressed to country practitioners, or the handsome subscriptions of affluent patrons? We should rather suspect the *bonus* to be derived



from the former source, for the elated author of this epistle adds, with that undisguised glee which good cheer inspires: "We hold a ballot every month, and on each day, enrol from one to two dozen new members, chiefly from the country." En-rolled they are with a vengeance, but for what other purpose than to enable this candidate for patronage to treat his friend with rolls and butter, we cannot see.

To shew that our statements respecting the anti-reform objects of this association are incorrect, the following proofs are advanced. How far our readers will receive them as conclusive evidence, is another affair.

"I humbly think I can supply, even within the limits of this hasty and familiar letter, proof sufficient to satisfy every fair and unbiassed person, that you have not been a whit more fortunate in your *diagnosis*. You *will* have it that we are an anti-reform club, founded for anti-reform purposes. Now, if this be the case, is it not a little remarkable that we have not only an equal supply of liberal and conservative papers, but that the former are in at least as equal demand as the latter; the "*Chronicle*" is as much read as the "*Times*;" the "*Dublin Evening Post* and *Freeman*," as *Saunders* and the *Evening Mail*." The same remark applies to our literary periodicals: the *Edinburgh*, *Westminster*, and *Tait's*, are as often in perusal as the *Quarterly*, *University*, *Fraser* and *Blackwood*, &c.; so also as regards the *Lancet* and the *Gazette*; and, would you believe it, Dr. Jacob, we take in, and, of course, diligently peruse, every Wednesday, your own *elegantly* edited and *liberally* conducted organ of the PRESS-GANG?"

Next follows an abusive attack on the librarian of the College of Surgeons, for not taking the "MEDICAL PRESS" into the library in numbers, instead of a bound volume, who, he says, "very liberally sacrifices the interests and convenience of the members at large, and will only take in your work at the end of the year." We must, however, forgive the vituperation on account of this involuntary admission. It does then appear after all, that the regular supply of the PRESS is necessary for the "interests and convenience" of the members, and that all the labour bestowed in attempting to prove its worthlessness, is thrown away. This is followed by an insinuation, equivalent to an assertion, that the *Lancet* had been excluded from the same library by one of the editors of this journal, a statement which has no foundation whatever in truth; being one of those cool assertions incapable of proof, which this gentleman and his more immediate associates delight to deal in.

Then comes the old and trite announcement, that "the Medical Club has been founded to promote good feeling, and the honour and respectability of the medical profession," an assertion rather at variance with the tone and language of the present letter. This is followed by a burst of indignation at the offence, it is ridiculously pretended, we committed in insinuating that this gentleman was a socialist, we having merely bantered the parties on their reiterated applause of their "*social*" virtues. "You have in a recent number, compared our association with the filth of Owenism, this is sinking very low, even for the organ of the press-gang," says our representative of the good feelings and honour and respectability of the profession. All this, however, is only to be laughed at. The paragraph terminates with a series of disgraceful falsehoods, respecting some proceedings said to have occurred at the College of Surgeons.

After all this, comes the old threat badly disguised, that if the editors of this journal continue to advocate medical reform, or expose existing abuses, the section of the club, to which this writer is attached, will resort to means (prudently unexplained) to drive them from their professorships. This threat we set

at defiance; first, because we think, especially from some recent occurrences, that he rather miscalculates the power of his party, to force a public body to the commission of illegal acts, involving a breach of the obligation of an oath, and secondly, because we will hold no situation on the terms of sacrificing our personal independence.

This manifesto concludes as follows:—"How comes it that this journal (the MEDICAL PRESS,) is spurned and rejected by the universal profession of Dublin, and is driven into the provinces to derive as much support from a few *Dispensary Doctors*, as will keep it going on at all." Driven into the provinces to be supported by *Dispensary Doctors*!!! This sneer at *Dispensary Doctors*, comes well from this eater of sixpenny mock turtle soup, who, we pledge ourselves, does not make ten pounds by the practice of his profession in a year? Would he not gladly accept an appointment to the poorest dispensary in Ireland, if it could be obtained for one having so little claim to it? But this is not the first, second, or third time, we have heard of these attempts to undervalue provincial practitioners, under the title of "*Dispensary Doctors*," as if there was any thing derogatory in the discharge of the duty of medical attendant to these institutions. But, if we have the support of those whom thus he designates, we shall be content; bad as their remuneration for their public services may be, they can afford to pay for information, and whatever may be thought to the contrary, the pages of the PRESS prove that their practice enables them to communicate information to others. At the same time we have to say, that the assertion that our journal is "spurned and rejected by the universal profession in Dublin," is so entirely a spiteful falsehood, uttered for the purpose of injuring its circulation, that we will take this opportunity of reminding not only the author of it, but those of certain "*private*" communications which have come into our hands, that literary property is as much entitled to the protection of the law as any other.

#### IRISH SURGICAL INSTRUMENTS.

WE are glad to have an opportunity of calling the attention of our readers to an indication, which will be found in our advertising columns, of the revival of a branch of trade for which Dublin was once celebrated. We hope Mr. Millikin may receive many such communications as that of Mr. Bury.

#### CORK WESTERN MEDICAL SOCIETY.

THIS, the eldest of the Irish Associations, will hold its first meeting for the season at Bandon, on the 12th of May.

We trust the members will muster strong: they may be assured there never was a period when exertion was more required from the profession. Some change in medical affairs is now certain to take place: and if we show ourselves alive to our own interests, the alteration cannot fail to be for the better. At the meeting of the 12th, the Society will, of course, make arrangements for their being represented in Dublin on the 27th of May.

#### POOR-LAW INTELLIGENCE.

POOR-LAW AMENDMENT BILL.—This bill contains a clause, empowering the commissioners to unite parishes and unions 'for the management of any class or classes of infirm poor,' to be placed under the control of a board of management, which is to be appointed by the guardians of the parishes or unions so united, in such manner as the commissioners may direct. Such board of management to be authorized to establish district hospitals for the reception of the 'infirm and infant poor,' who are thus defined:—

"Every person applying for or receiving relief who



shall by reason of any bodily defect or of any permanent ailment, or of the permanent effects of any ailment or bodily accident, be incapable of supporting himself; and the words 'infant poor' shall be construed to include every person under the age of 16 who may require to receive relief."

The provisions of the act do not extend to Ireland.

**SOUTH DUBLIN UNION.**—The workhouse of this union was opened on Friday, 24th inst., when between 60 and 70 persons were admitted. Fifteen or twenty who received orders did not attend. At a meeting of the supporters of the Mendicity Institution, held on the same day, it was stated, that the committee were at present in debt to the amount of £505. 16s. 9d. and that there was a difference between present subscriptions, and those for a similar period last year, of no less than £1,461.

**CORK UNION.**—The number in the house on Monday, April 20, was 1442. Among them it was ascertained that there was a man possessed of a house and 15 acres of land. The wardens of the division to which he belonged, were ordered to attend the next meeting of the board.

**Foundlings.**—The parishioners of one of the city parishes, having refused to assess themselves for the support of deserted children, the question of their admission to the workhouse, was brought before the board.

Mr. Voules very properly suggested, that the case should be dealt with as an ordinary case of destitution, and the child in question admitted at once. This was however overruled, on the grounds of the great expense it would entail on the union; and the want of room in the present workhouse. Nothing can be more illustrative of the necessity for relaxing the "workhouse test," than this matter of deserted children. It is quite clear that the poor relief act contemplated their reception into the workhouses; but it is equally clear from all experience, that such a mode of managing these unfortunate individuals, would not only be destructive to them, but vastly more burthensome upon the rate-payers.

### MEDICAL INTELLIGENCE.

**PROSECUTION UNDER THE ANATOMY ACT.**—Government have sent directions to the local crown solicitor here to prosecute certain medical students at the south infirmary, upon the alleged charge of having illegally practised anatomy. The indictment was sworn before Sir Anthony Perrier on Saturday, and the parties involved were held to bail to take their trial at the next assizes.—*Cork Southern Reporter.*

### SALARIES OF THE MEDICAL OFFICERS OF THE DUBLIN PRISONS.

The attack has commenced upon these gentlemen, and, no doubt, will be prosecuted with the vigour which characterises all attempts at plundering medical men. At the meeting of the grand jury, on Monday, a juror suggested that Dr. Harty's salary be reduced £50 on the half year: "he thought £300 a-year ample remuneration for medical services." It never entered into this economical gentleman's head to inquire what the amount of those services might be; as they were medical, of course £300 a year was ample remuneration for them. Mr. Callaghan said, "it is outrageously monstrous that this gentleman should get £400, I should be for reducing to £200; we have seen equally respectable persons undertake just as laborious duties, under the poor-law act, for £60 a year." In short, the general opinion was unanimous that the salary was monstrous, and the passing of the presentment was accordingly postponed.

We believe Dr. Harty was one of those most vio-

lently opposed to union of the medical profession, and to such a reform of its manifold abuses as might enable its members to make head against their numerous enemies, from without, and from within. We regret he is now likely to feel the fruits of his opposition to those who have the best interests of the profession at heart: and we regret it the more, as we know him to be a most conscientious and competent public officer, and that his services are far from being overpaid by £400 a year.

The moral we would draw from this matter is that which has been our constant cry through evil report and through good report. Let medical men associate—let them form for themselves a centre, a head, and hands, and a purse. Ten shillings a year subscribed to the Medical Association of Ireland, by one half of the practitioners of the country, would furnish the means of effectually resisting such attempts as those now in, we fear, successful progress against the officers of the Dublin Prisons.

### SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Wexford, April 20, 1840.

GENTLEMEN,—As I am the physician in attendance on the county Wexford fever hospital for this month, I feel myself called on to give you the information you require, respecting the increase of fever. On the 1st of January, we had—

In hospital, -	11	Discharged, -	18
New cases, -	21	Died, - -	3
	—	Remaining, -	11
Total, - -	32	Total, - -	-32
FEBRUARY 1.			
Remaining, -	11	Discharged, -	38
New cases, -	49	Died, - -	3
	—	Remaining, -	19
Total, - -	60	Total, - -	-60
MARCH 1.			
Remaining, -	19	Discharged, -	57
New cases, -	74	Died, - -	4
	—	Remaining, -	32
Total, - -	93	Total, - -	-93

The state of this month, as far as it goes, shews an increase still greater. When contagion spreads rapidly here, where the poor are much better fed than in other parts of this kingdom, I dread that the picture presented from other places will be very distressing.

I remain, gentlemen, with much respect, your very humble servant,

THOMAS LANE, A.M., M.D., T.C.D.,  
and Surgeon.

The apothecaries of the North Riding of Tipperary are to hold a meeting on this day at Nenagh.

A philosophical and literary society has been formed in Limerick under very favourable auspices: over 140 members have already been admitted. Sir Thomas Dean has presented to the society a splendid seal and handsome donation, and was proposed as an honorary member. The funds, already considerable, have been lodged in the Provincial Bank. A museum is to be formed, and philosophical apparatus of every description purchased. The Mayor, Dr. Franklin, is to give the introductory address, and Mr. Gore is to deliver the first lecture, on the history, theory, and phenomena of electricity.

### REGISTER OF THE WEATHER.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	April 19,	62.5	37.5	29.960	
Monday	20th,	64	43	29.900	
Tuesday	21st,	59.5	47.5	30.058	
Wednesday	22d,	65.5	51.5	30.272	.025
Thursday	23rd,	65	52	30.250	
Friday	24th,	75	47	30.200	
Saturday	25th,	74.5	48	30.128	



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 23.—Council met.

The subscription of Richard Dancer, Esq., M.D., of Roscrea, having been handed in, he was enrolled a member of the Association.

Letters read from Mr. J. Wilkinson, of Limerick, Dr. Cane, of Kilkenny, Dr. O'Rourke, of Enniscorthy.

SATURDAY, APRIL 25.—Council met.

The subscriptions of Drs. Bird, of Banagher, and Beale, of Caher, having been handed in, they were enrolled members of the Association.

Letter read from Mr. Major, Assistant-Barrister of the county Clare, stating that he had taken off the fine imposed upon Mr. Wilkinson, of Limerick, on the ground that his evidence would not have varied the result of the case in which he was summoned to give evidence. The secretary was directed to thank Mr. Major for his communication, and for the uniform kindness which they have reason to know he, on all occasions, displays towards medical men who have occasion to appear in his court.

Resolved,—That a series of propositions be forthwith drawn up, embodying the various matters intended to be submitted to the Congress on the 27th of May, and that these be printed in the Press before that date, in order that members may be enabled to form their opinions upon the subjects to be then considered.

## PROMOTIONS.

CIVIL.—Mr. Stirling to the Thomastown Dispensary.

Mr. J. Thompson to the Innistiogue Dispensary.

NAVAL.—Surgeon J. Wingate Johnson, M.D., to be superintendant of the Asia, convict ship.

Assistant-Surgeon A. Anderson to the Nautilus.

## VACANCY.

The medical superintendence of the Omagh Fever Hospital.

## OBITUARY.

On the 17th inst., Richard Barry, Esq., M.D.

On the 20th inst., William M'Conkey, Esq., M.D., of Omagh. He was found dead upon the road a short distance from a house where he had been visiting a patient—his horse was grazing near the body.

## GENERAL MEETING

OF THE

## MEDICAL ASSOCIATION OF IRELAND.

THE ANNIVERSARY GENERAL MEETING of the ASSOCIATION will be held in DUBLIN, on WEDNESDAY, the 27th of MAY.

Such Gentlemen as purpose attending, whether as Deputies from Local Associations, or otherwise, are requested to forward their names as early as possible to the Secretary, 13, Molesworth-street, Dublin.

By order of the Council.

H. MAUNSELL, Secretary.

## ROYAL COLLEGE OF SURGEONS.

## CHEMISTRY.

ON MONDAY, MAY the 11th, at Eleven o'Clock, Dr. APJOHN will commence his Summer Course of Medical and Practical Chemistry.

TERMS..... Two Guineas.

For further particulars, applications to be made to Dr. APJOHN, at 28, Lower Baggot-street; or to Mr. O'Keefe, the Registrar of the College.

## ADVERTISEMENT.

The superiority of Irish made surgical instruments to those of England, has been proved by the following letter from an eminent member of the medical profession residing in Birmingham:—

"To Mr. J. Millikin, Surgeons' Instrument Maker,  
"12, Grafton-street, Dublin.

"Annexed I send you a cheque for your bill for the instruments you sent me. As a workman, they do you every credit: and, I trust, my professional brethren in Dublin will extend to you that patronage you so justly merit, and anything, in your way, I may want in addition, you shall hear from—

"Your well-wisher,

"GEO. BURY,

"Handsworth, near Birmingham."

## CARMICHAEL PREMIUMS.

## RICHMOND HOSPITAL, SCHOOL OF ANATOMY, &amp;c.

At PUBLIC EXAMINATIONS held on the 15th and 16th instant, the above premiums were awarded as follows.—

## ANATOMY AND PHYSIOLOGY.

SENIOR CLASS.—First Prize, Mr. Collum; Second Prize, Mr. Allman, George J., A.B., T.C.D.

JUNIOR CLASS.—First Prize, Mr. Hutchinson, Berkely W.; Second Prize, Mr. Phillips.

## SURGERY.

First Prize, Mr. M'Dermot, Edward D., A.B., T.C.D.; Second Prize, Mr. Allman, George J., A.B., T.C.D.

## NOTICE.

## DUBLIN LYING-IN HOSPITAL.

AS Dr. EVORY KENNEDY's Seven Years' Mastership will expire in November, 1840, such Pupils as purpose attending the Summer and Autumn Courses, are informed that no Pupils can enter at the Hospital after the First of July. Such of Dr. KENNEDY's Pupils as have not obtained their Certificates, or completed their attendance, are required to do so forthwith, or they will deprive themselves of the advantages of having been Pupils in the Institution.

The Summer Course will commence on MONDAY, the 8th of MAY.

Intern Pupils, Twenty Guineas. External Pupils, Ten Guineas

## CITY OF DUBLIN HOSPITAL.

THE ELECTION of a RESIDENT SURGEON will take place on FRIDAY the 8th day of MAY next. Candidates are requested to send their applications to Dr. BENSON, 34, York-street, on or before THURSDAY the 7th.

April 25, 1840.

## WESTERN MEDICAL SOCIETY.

THE FIRST MEETING of the (ELEVENTH) SESSION will be held at BANDON, on TUESDAY, the 12th of MAY next. Such Members as purpose attending, are requested to forward their names to the Secretary at least a week before the day of Meeting.

Subscriptions will fall due on the 1st of May, and are requested to be forwarded to Dr. Corbett, Innishannon, Treasurer.

Signed by order,

SAMUEL WOOD, A.M., M.B.

Secretary.

Bandon, April 24, 1840.

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Wednesday, April 29, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXX.]

DUBLIN, WEDNESDAY, MAY 6, 1840.

{ PRICE SIXPENCE,  
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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Surgery in the College.

### LECTURE XV.—MORTIFICATION.

WE come now to consider the last and most important result or termination of inflammation in mortification; which may be defined to be the death and rapid decomposition of a part or portion of the body, the remainder being still endowed with vitality, and this, like every other result of inflammation, admits of varieties or modifications according to age, sex, habit, and constitution; but, more particularly, according to the exciting or inducing cause, and the phenomena exhibited during the progress of any given case. Thus we may first divide the affection according to the apparent intensity of the previous inflammation, the rapidity or slowness with which it makes its appearance and spreads afterwards, and the degree in which the constitution is implicated, into the acute and chronic; or, as some choose to express it, the humid and the dry: the humid being that in which the part appears swollen, and its vessels loaded and congested, whilst an opposite condition obtains in the dry, which seems shrunken and shrivelled, and deprived of the quantity of fluids it ought naturally to contain.

Again—each of these varieties admits of subdivision, according to the progress of the disease and the state of the parts thereby induced, into gangrene and sphacelus; the gangrene being a condition in which the part or limb is not actually dead, but is so far engaged that recovery cannot take place, and its death is inevitable; the sphacelus, where it is totally deprived of vitality, and running quickly into putrefaction. For instance, it is supposed that in a gangrened

part, the blood still circulates, and the nerves retain their sensibility—in fact, that the vital processes are going forward, although their energies are impaired: but I doubt the correctness of this view, for, I think, under such circumstances, recovery, however unlikely, would still be possible, and believe that the blood does not circulate, and that the part dies in consequence of the gorged and congested state of the vessels not permitting the entrance of any fresh or nutrient blood. In either case, and the pathology is not of much consequence, the stage of gangrene is extremely short, and is but the intermediate step between the last and highest effort of inflammation, and the extinction of vitality, when the part becomes subject to all the influences that operate on inanimate matter. The term "gangrene," however, is often loosely, and, therefore, improperly applied to mortification in all its stages and degrees.

We shall first turn our attention to the acute and humid form of mortification, and this we find occurring under two different conditions—one, where it succeeds on injury and is traumatic, or, as it is sometimes termed in this country, spreading gangrene, from the rapidity with which it extends itself—the other, idiopathic, where it, or rather the inflammation that preceded it, has arisen spontaneously, or, at least, without any known or assignable cause. That mortification is sometimes purely constitutional, is proved by the fact of its occurrence occasionally as a crisis in fevers; it must, however, be admitted, that these cases are more nearly allied to the dry gangrene than the humid; and, indeed, speaking generally, the idiopathic seldom exhibits the same acuteness or activity as the traumatic, or runs its course with such rapidity. Perhaps, the best examples of humid mortification that we meet with, are seen as the consequences of some compound fractures, and in limbs that have been extensively gorged and injected with extravasated blood, and these cases afford us an op-



portunity of observing that all the tissues are not equally liable to fall into gangrene; and, as might be anticipated, do not, when mortified, exhibit the same appearance. The skin, if dry, is hard, coriaceous, and black—if moist, it is of a yellowish brown colour, and greatly resembles chamois leather soaked in some filthy fluid—its slough separates quickly: the cellular membrane is very prone to mortification, and separates quickly also—it resembles rags of wetted tow or lint; muscle, if not exposed to the air, remains soft, of an ashy-green colour, its structure easily broken down, and exhaling an abominably offensive putrid odour: tendons, or fascia, have also a very peculiar odour—they are slow to mortify, and exceedingly tedious in separating, lying sluggishly in a sloughing sore for an amazing length of time. We shall now take our description of humid gangrene, from that which supervenes on some severe wound, commencing with the local symptoms.

When the effects of the shock upon the system have subsided, the limb or part begins to swell, the patient complains of a sense of tension or tightness, and of intense pain, which often becomes almost intolerable previous to the occurrence of the gangrene, but subsides, or, at least, is mitigated afterwards. On inspecting the wound now, its edges will be seen tumid and everted, the cuticle detached from the cutis underneath, forming bullæ or phlyctenæ of a dark blue or purple colour, filled with a brownish serum, and reaching to a greater or less extent around the seat of the injury: sometimes these phlyctenæ are very numerous and exist on several parts of the limb. In the immediate vicinity of the wound the inflammation is excessive—its colour, an intensely vivid red, and beyond this the whole limb appears to be gorged and swollen: its colour is changed to a dirty yellow or amber hue, which is deeper in some parts than in others, and gives to the whole a mottled appearance: the veins appear loaded, enlarged, and more numerous on the surface: the part is œdematous to a considerable extent, occasioned by the effusion of a quantity of reddish serum into the cellular tissue, thrown out by the congested veins in order to relieve themselves; and, after sphacelus has been established, air becomes disengaged in the process of putrefaction, and extends itself up the limb, passing chiefly in the direction of the large blood-vessels—at least the emphysema can often be felt in such situations, and not elsewhere. The limb, below the situation of the gangrene, is usually both pallid and cold. As the disease proceeds, the mortification extends by the adjacent parts successively, and rapidly dying and falling into a state of putrid slough; it is then truly a case of spreading gangrene. The smell is abominably offensive, and, in general, the dead part lies, until completely detached, like a piece of wetted leather soaked in a profuse discharge of fetid sanies.

The constitutional symptoms, in such a case, are at first inflammatory, but their character soon alters—the patient becomes depressed in spirit, irritable and restless—there is great heat of skin—furred tongue—thirst—nausea—and indisposition to food of any description; sometimes, even at this early period, there is a teasing, harassing hiccup, and, occasionally, constant and incessant vomiting, the stomach not being able to retain anything even for a few moments. The pulse always very quick, becomes, towards the latter end, weak, fluttering, and irregularly intermittent—the tongue brown in the centre, then black, hard, dry, chapped, and fissured: when hiccup sets in at this very late period, I believe it to be always a fatal symptom. The bowels are, at the commencement, almost always constipated, and sometimes tympanitic, occasioning so much distress to the patient,

that he frequently asks to be relieved; but towards the termination, an opposite condition obtains, and the discharges are rendered involuntarily: there may be incontinence of urine also, but I think retention more frequent. The sensorium is constantly engaged. At first, and during the inflammatory stage, the head-ache is violent and severe, and, on its subsidence, delirium of some description supervenes: it is rarely delirium loquax—more rarely is the patient furious—he lies in a state more approaching to coma, and, if questioned, or otherwise roused, is peevish, irritable, and snappish. In some few cases there may be convulsions, but subsultus tendinum is far more constant; in short, all the constitutional derangements are of the typhoid character. The patient's general appearance is also worthy of observation—the eye is peculiarly pale and glassy, but, at the same time, appears full, and exhibits a considerable wildness of expression—the face is of a dirty yellow colour, and covered with a cold and clammy sweat—the features are sharp and set—in a word, there is that particular appearance or expression termed the *facies hippocratica*—an idea of which cannot be conveyed by description, but which, once seen, will seldom fail of being recognised again. In such a case, I need scarcely add, the fatal result is seldom long delayed.

But, it may be said, that I have painted an extreme case; for all examples of mortification are not attended with such severity of symptom, neither do they all terminate in death: such was my intention in the first instance, and now we will turn our attention to the milder case that will probably recover. In all cases of sphacelus, during its continuance and progress, the constitution is deeply engaged—nay, the degree of sympathetic derangement is sometimes surprisingly great, even though the extent of part to be lost is comparatively small and inconsiderable; but if the patient can endure this distress until the sloughing process has ceased, it is equally astonishing to observe the energetic efforts of the system in recovery. Well, then, in some stage, the bad symptoms seem to receive a check—the pulse rises, becomes slower, fuller, and softer—the tongue begins to clean at the edges—the vomiting ceases—in short, there is a general and marked amelioration of the constitutional distress, and, at the same time, the local appearances are changed also. The part that has died is shrunk and shrivelled, black, and totally disorganised; and the edge of the adjacent living skin is marked by a sharp well-defined red line, termed the line of separation, from the supposition generally entertained, that, on its appearance, the farther progress of the sloughing is stayed; but I think we may be sometimes premature in thus calculating on the mischief being arrested, for I have certainly seen the disease progress after the red line had been formed. Very soon, however, the absorbents of the living parts begin to detach and separate the dead by forming a line of ulceration round it; and when we see this ulcer secreting healthy pus, we may then be really satisfied the mortification is at an end. In this way all the slough is removed, and a sore is formed, deeper, broader, and larger in every respect than the dimensions of the part that has been destroyed by the mortification; but the size of the ulcer is amply compensated by the energy displayed by the system in its repair. If the constitution has sufficient strength to throw off the slough, it commonly sustains the patient through the process of recovery, unless the ulcer is exceedingly large, or the structures engaged are sluggish, and but sparingly endowed with vitality.

In such a formidable malady, perhaps it is not sufficient to say our prognosis should be always guarded—it should in all cases be something more:



internal mortification is inevitably mortal, and in external, when any extent of parts is engaged, recovery so seldom takes place, that to say mortification has ensued, is conventionally almost equivalent to the announcement of the certain death of a patient. Under any circumstances, as long as the sloughing continues to spread, it is impossible to hold out any certain assurance of safety, for no one can set limits to its extent, inasmuch as its progress cannot be stayed by medicine. Mortification, arising from any internal or idiopathic cause, is to be regarded as particularly unfavourable, because it is only reasonable to suppose that the same influence that induced it will tend to continue and maintain it, and the constitution must be in a wretched condition when an ordinary acute inflammation will have a tendency to humid gangrene. Mortifications occasioned by inoculation, or the absorption of morbid poison, runs a course, each peculiar to itself; thus I believe that consequent on glanders in the human subject is inevitably mortal; that on the charbon of the French or malignant pustule, not necessarily fatal, but extremely dangerous, and so on of others: so that, in order to form a correct prognosis, it will be necessary to be acquainted with the usual results of each individual poison. When the affection is traumatic, or the consequence of injury, recovery must depend on our capability of arresting its progress, and if that cannot be accomplished, which is but too frequently the case, on the possibility of removing, with safety to the patient, the part in which it is situated. This naturally leads me to the consideration of the treatment.

As long as the intensity of the disease present is limited to inflammation only, the object should be to subdue it, always bearing in mind the particular tendency of the case, for it would be absurd to seek to resolve that which must suppurate, and that in which the promotion of suppuration would be the best method of avoiding so great an evil. For this reason, antiphlogistic treatment (as laid down in a former lecture) is generally objectionable, because the degree and kind of inflammation which would hold out even a hope of resolution, is not the one likely to be followed by mortification, and besides, if gangrene is threatened, the recollection of the low and typhoid condition that attends on it—of the sore that is to succeed after the separation of the slough, should the patient survive so long—and of the wearing and wasting hectic that may be thereby induced—would probably cause many to hesitate in the use of very active depletion in a case which might afterwards require the full energies of an unbroken system. But, after all, this is only theory, and it might be advanced on the opposite side, that here is inflammation threatening gangrene; the inflammation is the precursor stage, of which the mortification is only the consequence; and the best mode of preventing, or if it must occur, of limiting the extent of this consequence, must be by subduing that from which it obviously flows. The truth is, that both of these positions may be right, and much must be left to the sagacity and intelligence of the practitioner. I imagine if gangrene is actually impending, it might not be judicious to debilitate either the constitution or the part still farther: but if there yet remains a hope—yet a possible chance of averting so sad a calamity as the occurrence of mortification, I would incur any hazard to accomplish it, and, perhaps, the more decided the practice, the more likely is it to prove successful. But it may be different in traumatic gangrene, where some parts are so injured that they must of necessity die and be thrown off: but even here, as we know not how much has thus suffered, mild antiphlogistic measures may be of exceeding use in mitigating the intensity of the inflammation, limiting the gangrene

to the parts that must inevitably be lost, and preserving others, which, under different treatment, would probably have suffered.

But these observations rather have reference to inflammation, the principles and treatment of which have already been sufficiently discussed: let us now suppose the case in which gangrene has taken place, and see how far our art enables us to be useful. In this respect I fear we are limited, in the first instance, to palliative measures; for, once established, it will run its course, not perhaps wholly uninfluenced by medicine and medical treatment, but so far uncontrolled that we cannot speak positively of any given case, or be certain of the result. Our local applications, then, are such as will soothe pain and relax any tension that may be present—for instance, stupes or fomentations medicated with poppy heads or opium: in hospitals, where there are not sufficient attendants to pay such attention to each particular case, we usually apply heat and moisture to the part by means of poultice. Sometimes, however, the patient cannot bear the weight of these applications, and, indeed, they have been objected to on other grounds—their liability to become hard, and therefore irritating—the dirt they occasion, and the cloak they afford the nurses to cover their neglect and inattention: but this is to argue the inefficiency of a mode of treatment from its abuse, and really in practice we find the poultice, used with common care, to be one of the best methods of relaxing the parts, and, consequently, mitigating the patient's suffering. When the part has become actually sphacelated, the fœtor is excessively disagreeable, and we endeavour to subdue or counteract it, using for this purpose fomentations of a weak solution of chloride of lime or the fermenting poultice: this latter, however, besides the general objections to poultices, possesses one peculiar to itself in being only the substitution of one very bad smell for another—at least it has always appeared so to me, and I prefer the employment of cloths wetted with camphorated spirit of wine either cold or warm as may be suited to the case. This is a far more cleanly application, and answers the purpose of correcting the offensive odour sufficiently well—better, to my sense, than either the chloride of lime or the fermenting poultice.

The constitutional treatment consists in endeavouring to support the patient's strength, until the sloughing has stopped and the line of separation been fairly established; for I believe the notion no longer is entertained that we possess any medicine capable of producing these effects. For this purpose we prescribe tonics or stimulants as the case may be, such as camphor, musk, ammonia, porter, wine, or even brandy; but the chief medicine is bark, in some of its preparations, which was long considered almost as a specific in mortification. The bark, says John Hunter, is the principal medicine, as yet known, that we depend on, as it increases the powers and lessens the degree of action, thus not only recommending the medicine, but endeavouring to explain the reason of its efficiency: but, alack, we know so little about the actions and powers, and such like matters, that we must be content to take bark as it is—a really most valuable medicine—without puzzling ourselves about its *modus operandi*. It is given as a tonic, and was probably first suggested by the type of the attendant fever, and the fact is, that it sometimes does, or rather seems to do good—that is, the progress of the sloughing is arrested during its use. I think it far more successful, where the gangrene has been the effect of a wretched depraved constitution on a trifling sore or local injury, than where it proceeds from the violence of the injury itself, perhaps inflicted on a healthy man; and if this observation is correct, it will ex-



plain why we so very seldom derive benefit from it in cases of spreading traumatic gangrene. In this latter case it too frequently happens that all medicines fail, and we are obliged to stand by and see our patient perish, unless we adopt an alternative to which I am now about to direct your attention.

Now, I have supposed that mortification may have a two-fold origin—that it may be occasioned by the operation of a bad constitution on a sore or injury, or by the nature of the injury itself; and, in the latter case, the disease is purely local, at least at its commencement, and before the system has been broken by the irritation, and pain, and fever: and if we could remove this local malady, and substitute for it a wound which the constitution would be able to cope with, there is no reason why we might not expect the same result in this case that we meet with in so many others. This leads me to the question of amputation in spreading gangrene—one of the greatest practical importance as involving the lives of many of our fellow creatures, and the utility, and, of course, the character of the profession; for the operation having been abandoned for years as useless or something worse, has, in modern days, been again attempted as a matter of experiment with a degree of success that would encourage us to persevere and endeavour to establish some principle for the guidance of our conduct on such perilous occasions. In this enquiry I pass by idiopathic mortification; not that I know amputation to be hopeless in such cases, for I have seen it practised with success in a case approaching even to dry or chronic gangrene; but I fear we do not yet know the marks and characters by which to distinguish the constitution that would bear so severe a remedy. In such cases amputation must be empirical, and, arguing generally, we should be disposed to decide against it, for it is only reasonable to conclude that the same cause which produced the gangrene originally, would be likely to determine a similar condition of the stump. But it is quite different in traumatic gangrene—here the constitution may be supposed to be good—and here, for a time, at least, the affection may be regarded as local.

The prejudice that, until lately, existed against amputation in spreading gangrene, was certainly not always entertained, for we find Wiseman, who was sergeant surgeon to Charles the Second, coolly recommending the extirpation of the rotten member, while the patient is free from delirium, and hath strength to bear the operation. How long this practice obtained afterwards I know not, but I find the celebrated Mr. Pott, advocating quite an opposite opinion, and stating, that even in the commencement of gangrene, amputation must come too late; and this may be said to be the doctrine almost of the present day; Thompson, Boyer, Dupuytren, (in Sabatier's work, edited by him,) and Bell, all following in the same train, and denouncing the operation until the line of separation had been fully and fairly drawn. All this authority is really startling, and yet it is probable, that the principle being once laid down, was acquiesced in without enquiry, and without experiment by others, and that these men having been taught that an operation under such circumstances was mortal, believed it, and instructed their pupils in the same belief. For my own part, however, I should hesitate to yield to the opinion of the older surgeons on any point connected with amputation: they neither knew when to operate—nor how—nor the manner of dressing the wound afterwards—they did not select their cases judiciously—were tedious and clumsy in their manipulations—and were ignorant of the principle of union by the first intention—and now that I know by experience, the difficulty of bringing one of these cases to a favourable termination, I can very easily believe that the original principle was based on a fair foundation.

The first (as far as I know at present,) that deviated from this practice was Larrey. He had witnessed many deaths from a rigid adherence to it, and conceiving that the putrid matter of the gangrene formed a kind of infection that was absorbed, and thus contaminated the constitution, he resolved to try the experiment of cutting away the part, just as he would remove any source of contagion from the constitution. He tried it first at Toulon, in 1796, and again at the siege of Alexandria in 1801, and this latter was particularly unfavourable, for it appears the patient's sensorium was already affected, and he was becoming comatose. He afterwards not only practised similar operations, but inculcated the necessity of them throughout the army, and he says that, in general, they were successful, thus saving many lives that must otherwise have inevitably been lost. Mr. Guthrie, also, seems rather favourable to the operation. He states, that he has no hesitation in saying, that the disease is yet a local one: nature is only shewing what she will do if properly seconded; and that, if her efforts are directed to sound parts capable of sustaining them, she will be able to make a sufficient and successful struggle. Amputation then, is to be performed in sound parts, to which the usual efforts of nature are directed, and if they be unbroken or only impaired by the previous injury, the result will be fortunate. These were high and encouraging authorities, and, although the results of military and civil surgery are not, and, for obvious reasons perhaps, cannot be always alike, yet, it is gratifying to be able to afford any assistance in the establishment of a point of such importance. In this country, I believe the experiment (and it was only an experiment at the time,) was first tried in the Meath Hospital, by the late Mr. Thomas Roney; it has since been practised in most, if not all of the hospitals in Dublin, and the results have been, first—that a reasonable number of cases have been saved—perhaps nearly as many as after amputation from any other cause: and, secondly, the ascertaining as a fact, that the great source of apprehension heretofore entertained that the gangrene would seize upon the stump is imaginary:—when a patient dies, it is from inflammation of the veins or some similar cause that might interfere with the success of an operation performed for the removal of any other disease.

I am now, I confess, quite an advocate for amputation in spreading gangrene—not for the performance of the operation upon all persons indiscriminately, in whom severe injury had terminated in mortification, for I am satisfied that if all, or even most of the patients brought to the hospital were thus treated, our principles would soon revert back to those of Pott, and we should stand looking on, idly waiting until the line of separation should be formed. But we do not operate thus recklessly for the removal of any other disease—we endeavour to make a judicious selection of our cases, and uniformly decline those which do not hold out a reasonable prospect of success, nay, we are not friendly to those undertaken merely to give the patient a chance of life, when every other hope of recovery had failed—and it is only reasonable to apply the same limitations here, and consider the operation only with reference to the cases to which it is applicable. And first, due regard must be paid to the constitution of the patient in this, as in all other capital operations. It is remarkable how much more successful operative surgery is in military than in civil life, a success mainly attributable to the restraints imposed upon the soldier, which, however disagreeable in some respects, protect him from the licensed irregularities of the civilian and the evils that result therefrom. At home, therefore, and more particularly in a large city, the cases for amputation in spreading gangrene will be comparatively few: we must not so deal with the big and bloated man, pampered by food,



and enervated by indulgence—still less should we meddle with the wretched ill-clothed artisan, whose busy hours are spent in a tainted atmosphere, and whose idle ones are lost in the lowest kind of dissipation. Between these extremes there are of course many intermediate stages, and there are other circumstances also to be attended to, that cannot be discussed minutely here, my object being rather to point out the necessity of attending to the constitution, than to describe its various depraved conditions: indeed, such description would be impossible; even if the limits of a lecture did not proscribe the attempt. Secondly, I deem it of the utmost importance, that the operation should be performed at the earliest possible period. I am not, like Larrey, afraid of the absorption of putrid matter, and the contamination of the system, for I doubt that this is the process by which the case is rendered desperate: but the practical remarks of Napoleon's chirurgien-en-chef are generally valuable, although we may not exactly agree with his explanation of them, and there can be no doubt that the delay of a few hours may make all the difference between success and disappointment to the surgeon—between safety and destruction to the patient. I have already mentioned, that the system sympathises, to an astonishing degree, with the death of even a small part of the body, and, of course, the longer this state of irritation is continued, the less capable will the constitution be of enduring such a shock as the amputation of a member: In this view I am, to a certain extent, borne out by Guthrie, who speaks of the operation being favourable “provided the efforts of nature are unbroken, or only impaired by the previous injury,” but not to carry this discussion farther, which is not of much importance, the fact, whatever be its explanation, remains incontrovertible, that the earlier the limb is removed after the decided establishment of spreading gangrene, the greater will be the prospect of the patient's recovery.

Assuming that these preliminaries have been duly attended to, there are yet a few points connected with the operation itself when performed in this case, which being peculiar to it, the detail of them will be more impressive here than if delayed until we shall arrive at the operative part of the course. Here, then, contrary to what obtains in amputation for any other cause, we have no desire to save as long a stump as possible, we go as high and as far removed from the injured spot as is consistent with safety and convenience, and, if possible, we interpose a joint between it and the incision. I need not say how desirable it is, that we should have only to deal with sound parts, but I wish this rule to be fully understood, lest life should be lost by over-caution and timidity. It is not necessary that the parts and structures implicated in the incision, should be actually in their normal and healthy condition, in order to ensure recovery: I have operated on a limb, in which emphysema could be traced along the vessels up to the groin, and on another, the cellular tissue of which was loaded with that reddish serum so constantly met with under such circumstances—in both instances with the most gratifying results. No one would select a limb in either condition if he had the choice, but it may be useful to know that they do not preclude all hope. Again, in the performance of the operation, the bone must be sawed high up—much higher than on ordinary occasions. The stump, as far as I know, never unites by the first intention, on the contrary, it suppurates most extensively, and becomes so worn and wasted, that on being healed, it is scarcely half the size of the corresponding part of the opposite limb: it is, therefore, necessary to leave more than an abundant covering of soft parts, and even with every precaution that can be taken, the stump is too often conical and ill-

formed. This is a most important matter to attend to, for on it may depend the credit of the surgeon, and what is of infinitely greater consequence, the comfort of the patient during the remainder of his days; and, therefore, I am happy in having this opinion also corroborated by the experience of Mr. Guthrie, who expressly states, that “the wound will not heal by the first intention, and therefore, that it should be encouraged to suppurate.”

The last observation I have to offer, follows as a corollary from the preceding, you must be prepared for a long, wearisome, and watchful attendance, profuse discharges, foul dressings, and a flabby unmanageable wound—the patient will require support from the moment after the operation, and I do not now recollect a single case to have recovered without a liberal use of wine, and perhaps even stronger stimulants.

Perhaps, gentlemen, I may have fatigued you by dwelling thus long on an operation, the details of which would rather seem applicable to a more advanced part of the course, but after describing the disease, I thought it right to mention the remedy—I believe the only remedy that in many cases can be relied on: for here, as in other instances, I regard operation merely as a medicine, and as, if I mentioned a drug, it would be of little use, without at the same time, pointing out its proper dose, and the time and manner in which it should be taken—so it would be worse than useless to suggest an operation here, without dwelling on the precautions indispensable to its success.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### ST. VINCENT'S HOSPITAL.

#### OBSERVATIONS ON THE THERAPEUTIC EFFECTS OF HYDRIODATE OF POTASS, WITH CASES.

By O'BRYEN BELLINGHAM, M.D., Surgeon to the Hospital, &c. &c.

AMONG the valuable medicinal substances with which the researches of modern chemistry have enriched the materia medica, few are of greater value than the preparations of iodine; and among the various forms in which iodine is administered, none, in my opinion, can for safety or utility be compared to the iodide or ioduret of potassium, better known as the hydriodate of potass.

It would be most interesting to trace the history of this valuable medicine from its first introduction as a therapeutic agent—from its cautious employment in half grain, and grain doses, down to its free use in doses of a drachm and upwards, several times a day. This, however, is too extensive a subject to be disposed of in a few words; and would be rather out of place in a communication of this description. I shall, therefore, confine myself for the present to a notice of its effects as a therapeutic agent in a few diseases, some cases of which I have subjoined. In these I have noticed the effects which this medicine seemed to have upon some of the secretions, as the cutaneous and urinary, as well as the action which it produced upon the bowels—points which hitherto have not attracted much attention.

The only preparation of iodine which I employ internally is the hydriodate of potass. It appears to possess all the virtues, and to produce all the beneficial results which could be expected from any preparation of iodine; and I have never seen it give rise to any of those unpleasant symptoms which are said to



have been produced by the tincture of iodine, or the ioduretted solution.

The mode in which I administer it is in mixture, and the menstruum is always either water or camphor mixture. I never have occasion to add any thing either to correct the taste, or to make it sit more easily upon the stomach; in fact the taste of this salt is not disagreeable, it is rather saline and cooling, than bitter or nauseous.

With respect to the dose, I generally begin with 15 grains, and repeat it either twice or three times in the day; I have occasionally increased it to a drachm and a half three times a day, not only without inconvenience, but with benefit to the patient. That the salt which I used was unadulterated, I need only observe it was supplied by the Apothecary's Company in Mary-street; this of itself is a sufficient guarantee for its purity; but in the case of the hydriodate of potass, we have another method of ascertaining this fact; I allude to its rapid passage into the urine, and the facility with which it may be detected in that secretion. For this purpose, all that is necessary is to add a little starch to the urine, and then a few drops of sulphuric acid. If iodine be present, the blue iodide of starch will be immediately formed. I never use chlorine, as I find the sulphuric or nitric acid always to be sufficient—they are also more convenient.\*

With respect to the class of medicines under which the hydriodate of potass should be placed in a therapeutic arrangement of the materia medica, writers disagree. Some place it under emmenagogues—others under diuretics—some under antiphlogistics—others under alteratives—and Barbier, for want of a better, classes it under the head "*Medicamenta incertæ sedis*."

It sometimes certainly increases the urinary secretion, often it has no effect upon it. It sometimes appears to have acted as a diaphoretic—more frequently it checks perspiration; at times it acts as a cathartic, or assists in keeping the bowels moderately open; it often, on the other hand, appears rather to constipate the bowels, or not to act at all upon them; it sometimes produces thirst, often not. I have seldom seen it cause nausea, and still more seldom vomiting. In almost all the cases in which I have given it, the appetite has improved—the patient under its use has gained flesh and strength—and it has produced all the effects which could be expected from a powerful tonic, in addition to its specific effects in the removal of pain, &c.

In two instances I have seen it cause salivation, in one of these cases an increased flow of saliva was observed a few hours after the first dose (consisting of 7½ grains,) the salivation continued for about four days, and the patient spit upwards of a pint in the 24 hours. In neither of the cases was there soreness of the mouth, or factor of the breath—both were males. I do not recollect more than two instances, where I was obliged to interrupt its use; in these cases it produced nausea and vomiting, shortly after it had been swallowed. I discontinued it, and recommenced it again after some interval; in one patient it was tolerated perfectly—in the other it produced nausea and vomiting again, and was consequently discontinued—

\* The rapidity with which the hydriodate of potass finds its way into the urine is very extraordinary. In two cases recently, I have detected it, and demonstrated it to the pupils of the hospital in fifteen minutes after it had been swallowed. The dose in one of those cases was half a drachm—in the other only 15 grains. The quantity of iodine contained in the urine of the patient who took half a drachm was greater than in the other. In 25 minutes after it had been swallowed, I again tested the urine of the patient who had taken the larger dose, and found a considerably larger proportion of iodine.

both these patients were females. I have never observed the smarting or redness of the eyes, or the running from the nose described by Dr. Elliottson, as an effect of this medicine, when continued for any length of time.

#### HYDRIODATE OF POTASS IN SECONDARY SYPHILIS.

CASE I.—Andrew Johnson, an extern patient, complains of pains in ankles, shins, knees, and elbows, which are so severe at night that he says for the last three years he has not slept until morning. States that he had venereal sores six years ago, when he took pills for about two months. His mouth was not made sore; at this time he got a severe wetting, when an eruption came out over the whole body (apparently papular from the description,) which did not finally disappear for three months. Four years ago had nodes on both shins, to which tartar emetic ointment, he says, was applied with relief—he never had sore throat—has had no relief from the nocturnal pains for the last three years, although he has taken a good deal of medicine.

August 13, 1839.—To take 7½ grains of hydriodate of potass twice a day.

17th.—The pains were less severe yesterday, and he slept better the night before; says he has had one stool in the day since he began the medicine.

20th.—Has little or no pain now, and sleeps well—bowels regular—no thirst.

24th.—Continues to improve.

To take 15 grains of hydriodate of potass twice a day.

September 10.—He has continued the medicine regularly—his appetite has improved, and he feels stronger—he has no pain at all now and sleeps well.

Repeat the medicine.

He discontinued his attendance.

CASE II.—James Henderson, an extern patient, aged 30, a tailor, states that he had venereal sores and bubo two years ago. Six months afterwards had sore throat, followed by an eruption and then by pains in knees, shoulders, arms, and elbows, which were very severe at night—periosteum over upper part of sternum thickened and painful on pressure. A year ago he attended a few times as an extern at the hospital, the pains were completely removed by the hydriodate of potass. Thinking himself quite well, he went to the country, where the pains returned; but were again relieved by this medicine, the prescription for which he had taken with him.

The present attack is of three weeks' duration—the pains are much more severe at night than during the day, preventing him from sleeping.

August 6, 1839.—To take 11 grains of hydriodate of potass three times a day.

8th.—Says the pains were not at all so severe last night.

10th.—Has taken the medicine regularly—had no pain at all last night—it neither purged him nor caused increase of urine or of perspiration—neither did it on the former occasions produce any sensible effect except the removal of the pains.

17th.—The pains have quite disappeared—his appetite is good—has no thirst—thinks he passes a little more urine—does not perspire now—was in the habit of perspiring at night when the pains were severe.

29th.—Has taken no medicine since the 24th—continued it regularly up to that date—his appetite is improved—has no pain at all now, and the thickening of the periosteum over the sternum has disappeared.

Repeat the medicine.

He discontinued his attendance.



In cases of syphilitic cachexia where the patient is wasted by suffering and loss of rest, in which the disease is partly the result of syphilis, and partly of mercury irregularly taken: and where the latter medicine, if persevered in, would only increase the mischief; the hyd. kali often acts like a charm, and almost deserves the title of specific. After a few doses of it, the patient will enjoy what, perhaps, he has not for months—a good night's rest—and in such a condition, I look upon it as one of the most valuable acquisitions which the *materia medica* has received of late years. In one of the patients whose case I have given, the nocturnal pains were so tormenting, that for three years he had not slept until morning—and before he had taken a drachm of the salt, he slept well, and the pains had almost altogether disappeared. It is necessary, however, to persevere in its use for some time after the removal of the pains, or we shall have a relapse. This is occasionally observed with the externs of the hospital, (indeed it occurred in the two patients whose cases I have given, and they are at present under treatment.) As soon as the pains are relieved, they discontinue their visits; but sooner or later they return with the same train of symptoms, and then perhaps, they continue to attend regularly, until they may safely discontinue the use of the medicine.

#### HYDRIODATE OF POTASS IN CHRONIC RHEUMATISM.

CASE I.—Eliza M'Dermott, aged 28, admitted into St. Vincent's Hospital, labouring under chronic rheumatism—ill since Christmas—was confined to her bed for four weeks. She complains now of severe pain in right hip and knee, which prevents her moving—also of pain in both shoulders.

March 19.—After a purgative, she was directed to take 15 grains of hydriodate of potass twice a day in camphor mixture.

27th.—At first her bowels were confined, now she says she has one natural motion every day, although formerly her bowels were never regular. The pains have nearly disappeared—she is stronger, and her appetite is improved.

To take 15 grains of hyd. potassæ three times a day.

April 5.—Has taken the medicine regularly—pains nearly gone—bowels regular—one motion every day; no other effect.

8th.—To take 22 grains of hydriodate of potass three times a day.

9th.—Menses appeared to-day.

10th.—Menstrual discharge has stopped.

11th.—Has taken the medicine regularly—the pains are quite gone—no other effect from it.

Discharged.

CASE II.—Heney, aged 40, admitted into St. Vincent's Hospital, labouring under chronic rheumatism—the pains have been very severe for the last three weeks, felt principally in knees and in lumbar region—no redness or swelling of the parts—he has lost flesh—appetite very bad—the pains prevent him from sleeping.

April 10, 1839.—After having had some purgative medicine, was directed to take 15 grains of hydriodate of potass three times a day—a warm bath occasionally.

16th.—To take 22 grains of hydriodate of potass three times a day.

19th.—The pains are considerably relieved—bowels moved twice every day—had been confined before he began the medicine.

24th.—Has continued to take the mixture regularly, and has remained in bed—has little pain now—pulse 80—appetite improved—sleeps well—no in-

crease of urine or of perspiration—one natural stool every day. He mentioned to-day that for some time previous to his admission, he had been obliged to rise several times in the night to pass water—he sleeps now the whole night. Tested his urine, found it to contain a large quantity of iodine.

May 1.—To take half a drachm of hydriodate of potass three times a day.

2d.—Pains nearly gone—bowels regular.

6th.—Appetite very good—thinks he passes a little more urine.

To take a drachm of hydriodate of potass three times a day.

9th.—Says he is very well—has one stool after each dose of the medicine.

10th.—To take a drachm and a half of hydriodate of potass three times a day.

12th.—Has taken his medicine regularly—neither nausea or sickness of stomach produced by it—says he is quite well.

Dismissed.

CASE III.—Jane Haulon, æt. 39, admitted into St. Vincent's Hospital for chronic rheumatism—pains most severe in knees and shoulders.

May 17th.—Ordered some purgative medicine, and afterwards to take 15 grains of hydriodate of potass three times a day, and a warm bath occasionally.

May 23d.—The medicine has produced no sensible effect upon her—neither upon the skin or kidneys—says her bowels are regular—has one motion every day, which she attributes to the mixture—the pains are considerably relieved.

26th.—Has taken the medicine regularly since, and has had the warm bath twice—bowels confined.

To have some purgative medicine.

To take 30 grs. of hydriodate of potass three times a day.

27th.—She is so well that she wishes to go home. The medicine, in doses of half a drachm three times a day, has not had effects different from those produced by the smaller dose.

Discharged.

CASE IV.—Kane, æt. 50, admitted into St. Vincent's Hospital labouring under chronic rheumatism. Present illness of three weeks duration—pains most severe in knees, ankles, elbows, and wrists, equally severe during the day as night—says they were brought on by exposure to cold.

November 5, 1839.—To take 15 grs. of hydriodate of potass in water three times a day.

December 4th.—Has taken the medicine regularly. The report states that he has been now almost free from pain for three weeks.

Tested his urine, and found a considerable quantity of iodine in it.

His appetite, which was very bad on his admission, is very good now—the medicine never purged him—thinks he passes a little more urine.

10th.—Is very well.

Dismissed.

In chronic articular rheumatism, whether it has been of a chronic character from the commencement, or has persisted after an acute attack of the disease, the hydriodate of potass is an important addition to our other methods of treatment, and a good many cases of its successful employment in this affection are upon record. In some of the cases that I have treated in the hospital, however, I will not assert that collateral circumstances did not contribute to the result. For instance, the change from exposure to causes capable of exciting, or of keeping up the disease—as scanty clothing, atmospheric changes, in-



temperance, &c., to a comfortable bed in the ward of an hospital, with its other comforts, to which some of the patients were probably before almost strangers, could not be without some influence.

Nevertheless the hydriodate of potass undoubtedly does possess considerable power over this complaint; and as few chronic affections are at times less under the influence of the ordinary remedies, and few more frequently try the patience both of the practitioner and the patient, its introduction may be regarded as a considerable improvement. As soon as the system is brought under its influence, the pains commonly begin to diminish, and the duration of the attack is often considerably abridged; not the least advantage of the treatment by this medicine, is the tonic effect which is left behind.

It must be admitted, however, that we occasionally meet with cases where the hydriodate of potass fails; and it appears to be a point not unworthy of investigation, to ascertain the particular forms of the disease to which it is best adapted; so far as I have had an opportunity of judging, it does not appear to be quite as serviceable in muscular as in articular rheumatism.

#### HYDRIODATE OF POTASS IN CHRONIC SYNOVITIS.

James Cummins, aged 40, a porter, admitted into St. Vincent's Hospital, with effusion into the right knee-joint, weakness of the limb, and pain on motion; effusion of about three months standing—it has prevented him from following his business.

Jan. 26, 1839.—After having his bowels cleared out by purgative medicine, was directed to take 15 grains of hydriodate of potass three times a day.

Tartar emetic ointment to knee.

29th.—He says he had been in the habit of perspiring every night for the last two years—he has not perspired since he began the medicine—his bowels are regular now, which was not the case previous to his admission.

July 1.—To take 22 grains of hydriodate of potass three times a day.

3d.—Appetite improved—no thirst—no increase of urine—perspirations have not returned.

11th.—To take 30 grains three times a day.

13th.—He is able to walk now without pain, and complains little of his knee—his appetite is good, and his bowels are regular.

Repeat the mixture.

23d.—Suffers no inconvenience now from his knee—is able to go about as usual—dismissed.

#### HYDRIODATE OF POTASS IN HEMICRANIA.

Eliza Lynch, aged 14, admitted into St. Vincent's Hospital, Oct. 7, 1839, has never menstruated, illness of three weeks duration—complaints of severe pain which occupies accurately the left half of her head—it came on suddenly with a sensation of beating in her head—she has had giddiness in addition for the last fortnight, and the left eye waters—the pain has been intermittent, but the intermissions are not frequent, and last only a few minutes at a time—her pulse is 90—her tongue clean.

To have some purgative medicine immediately.

To take 15 grains of hydriodate of potass three times a day.

8th.—Says the medicine has had no perceptible effect upon her—she feels the pain more to day in the side of her face—not so much in head.

9th.—Bowels confined—feels her head heavy, but has very little pain either in face or head.

Some purgative medicine.

12th.—Has little pain now, either in head or face—says she was purged four times last night by the mixture.

14th.—Has little or no pain now—says the medicine purged her very often yesterday.

Discontinue the mixture.

18th.—Is very well—dismissed.

#### HYDRIODATE OF POTASS IN PARTIAL PARALYSIS.

Ed. Reilly, aged 30, a wheelwright, admitted into St. Vincent's Hospital, labouring under a weakness and inability to use his arms, accompanied by pains which are most severe at night—the weakness is felt about the situation of the deltoid muscle—left arm is worse than the right—cannot raise it from his side, or feed himself with it, but can use his fore-arm, and shut and open his hand. He says the complaint arose from exposure to cold when in a state of perspiration—has taken mercury within the last year for syphilis, but never had any secondary symptoms.

He was directed to have a warm bath, and moxa was applied to left shoulder.

Nov. 29, 1839.—Bowels free—tongue clean—some thirst.

To take 15 grains of hydriodate of potash three times a day.

Dec. 3.—Bowels free—no other effect from medicine.

4th.—Tested his urine to-day, and found a considerable quantity of iodine in it.

6th.—Says he is very thirsty, but says he was so before he commenced the medicine. He has now pretty good use of his right arm, and has more power over his left.

10th.—Has taken the medicine regularly—has grown fat and strong—his appetite is very good—has considerable power over both his arms—left somewhat weaker. He thinks he passes more urine than formerly.

19th.—He is very well—dismissed.

The cases in which I have found the internal use of the hydriodate of potass to be most beneficial, besides those to which I have alluded, are scrofulous affections. It possesses considerable power in healing ulcers of a scrofulous character, and frequently alone is sufficient to discuss scrofulous enlargements of the lymphatic glands of the neck; in strumous ophthalmia, however, the sulphate of quinine, is, I think to be preferred.

With respect to its efficacy in schirrhous, cancer, ovarian dropsy, amenorrhœa, leucorrhœa, hypertrophy of the heart, &c., in which it is stated to have been occasionally useful, I shall only say that I have not found it of service in these affections; and I cannot help thinking that the indiscriminate and unscientific manner in which this medicine has been occasionally employed in hospital practice, is calculated, in a great measure, to depreciate its value, and has tended rather to withdraw attention from the cases to which it is properly applicable, and in which it has been proved to be really serviceable, than to any useful or truly scientific purpose.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Allibies Mines, Berehaven, March 26, 1840.

GENTLEMEN,—In glancing over my note-book, I have met with the following cases which, perhaps, you may deem of sufficient interest for publication.

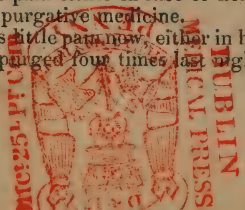
I remain, Gentlemen,

Your obedient servant,

EDMOND SHARKEY, M.B.

#### CONCUSSION OF THE BRAIN.

May 16th, 1837.—Denis Lowney, aged 40, a large bodied man, while engaged in mining, fell, about two o'clock, a distance of 144 feet, down a perpendicular





shaft, in which there was nothing to break the fall, and so wide as to deprive him of the resistance which the column of air might otherwise have presented. I saw him an hour after the accident, and he was in the following state:—

On the occiput there is a superficial wound, another on the forehead, and a severe lacerated one of the knee—answers questions, but confusedly—complains of pain at præcordia—pulse weak and fluttering—great jactitation of limbs, and a quivering motion of the cervical and intercostal muscles of the right side.

Seven o'clock, p.m.—Has become more confused, and jactitation continues—pulse more indistinct—feet cold—power of deglutition remains.

Gave him a mixture, containing carb. ammon. and tinct. card. comp., and some wine.

17th.—Has rallied considerably, but is now in a soporose state, with a good deal of start—pulse 84, of good strength—passes urine and flatus from bowels—is sensible to external impressions, but speech is indistinct.

Abradatur capillitium et adhibeatur lotio frigida.

V. S. ad 3xvi.

Sumat. statim calom. gr. viij.

P. jalap. gr. xij. et ol. croc. tig. gtt. ii.

This was partly rejected; but bowels were moved. The jactitation continued for thirty-six hours, after which he progressively rallied, and never had a bad symptom.

#### CASE II.

##### COMPRESSION OF BRAIN.

February 21, 1839.—Daniel Hoolahan, aged 23, received a blow of a stone, which fell from a height, and stunned him for some time. He soon recovered, and felt so little effect from it, that he refused to go home, intending to work again next day. Vomiting, however, came on in the night; still he felt so little unwell, as to persist in refusing to go home. About an hour ago he became senseless.

*Present state.*—Three o'clock, p.m., pulse 60, full—pupils insensible to light—he cannot be roused—muscles of arms rigidly contracted—occasionally moaning.

I took a pint of very venous-looking blood from arm; during the time it flowed he seemed to recover a little; but it flowed very slowly. I applied brown paper, steeped in water, to his poll, and ran a hot iron over it, which he seemed to feel smartly.

Pulse became less full—there is no external mark of injury, except a small cut on the occiput, the seat of injury, but no depression.

The feet being cold, heat was applied—four drops of croton oil were given him, and pure liquor ammon. was introduced into his nostrils, of which he was sensible, but which produced no permanent effect. Applied also blisters to calves of legs.

Seven o'clock, p.m.—Great jactitation, and, apparently, a good deal of suffering—pulse rapid and weak—respiration slow, laboured, and gasping—evidently sinking fast. He died about an hour after.

By great persuasion, the friends allowed the calvarium to be taken off, which exhibited the longitudinal sinus and other superficial veins enormously gorged. Having insisted on being present, they became so impatient at this stage of the examination, that I could proceed no further. I have little doubt, however, from the history of the case, that there was blood effused at the base of the brain.

These two cases exhibit a remarkable contrast, and the results are such as, from the relative degrees

of violence in both, could scarcely have been anticipated.

Such cases as the second are not rare, and should warn us against a hasty prognosis.

#### CASE III.—DISPLACEMENT OF THE HEART BY ABSCESS OF THE LIVER.

February, 1837.—A gentleman, 33 years of age, of a phthisical family, and intemperate habits, had a cough and severe pain of side, for a considerable time. While under treatment for these, symptoms of hepatitis set in, for which he was treated in the usual way. He retains at present a jaundiced colour of eyes—tenderness of right hypochondrium, &c. On percussion, the entire of right side is dull anteriorly and posteriorly, and sound of respiration absent. The heart's action is felt strongly in the right mammary region; not at all in the left—great prostration of strength—faintness ensuing from the exertion during stethoscopic examination—pulse 140, very small—delirium often during the day—no dilatation of right side, nor elevation of the intercostal spaces.

In the course of a few days, a profuse purulent discharge, by the mouth and per anum, gave evidence of the bursting of a large abscess. The discharge continued for some days with marked mitigation of the symptoms.

March 24.—Pulsation of heart now felt in its natural situation; not at all in the right side—pulse 104—expectoration copious, purulent, and bloody. He soon afterwards died, with all the symptoms of phthisis, being the third of his family who fell a victim to that disease in a few months.

A necroscopic examination was not allowed.

From a review of the symptoms in this case, I do not think we can draw any other conclusion than that there was a displacement of the heart by an abscess (most probably in the left lobe) of the liver.

#### CASE IV.—IDIOPATHIC TRISMUS.

Some time ago, a young man, aged 18, after exposure to cold, was attacked by stiffness of the jaws and impeded deglutition, which increased so much that nothing but fluids could be admitted into the mouth; the risus sardonius was very well marked. There was no constitutional disturbance. By the use of purgatives and warm baths, followed by quin. sulph. in moderate doses, the affection yielded in a short time. The sardonic expression continued for a good while after the subsidence of the other symptoms.

#### ON THE TINCTURA FULIGINIS OF THE OLD PHARMACOPEIAS.

BY M. DONOVAN, ESQ.

The *Tinctura Fuliginis* was once a medicine in high repute as an antispasmodic, and had a place in the London and Edinburgh pharmacopœias of a century since. The formula for preparing it was as follows:

Take of—

Wood soot, two ounces.

Assafœtida, one ounce.

Proof spirit, two pints.

After digestion, strain off the spirit.

Dr. Cullen was mainly instrumental in withdrawing the confidence of the profession in this medicine, by declaring in his *Materia Medica* that of the tinctures he found “the tinctura fuliginis the least useful.”

Many circumstances, however, beside the demerits of the tincture, contributed to its downfall in public opinion. It had not always a fair trial: it was sometimes prepared from common coal-soot, and sometimes from bad wood-soot. There are two kinds of wood-soot, very different from each other in appear-



ance, and one of them is comparatively of little value. Of the latter the tincture was frequently prepared.

Every one who has had opportunity of observing the chimney of a fire-hearth where wood is burned, knows that the soot in one part of the chimney is a loose grey powder, while in another part it is a dense odorous, bituminous, oily, deep-brown, soft mass. The latter kind, by age, or by constant heat in the chimney, becomes hard and black.

Our knowledge of the loose grey soot has been rendered accurate by the analysis of it given by Brannot. He found that 100 parts consist of, ulmin, 30 parts; animalised matter, 20; the remaining 50 being composed of carbonates of lime and magnesia, acetates of lime, potash, magnesia, ammonia, and iron; a few other salts, with a little charcoal, silica, water, and a peculiar principle, asboline, in quantity of half a part, too minute to be of much efficacy.

None of these ingredients are active, unless, perhaps, the animalised matter, and its activity has not been proved nor even asserted.

Of the soft bituminous brown soot, we possess no analysis. It is certain, however, that it contains the same tarry matter, which is generated during the distillation of wood, in the process for preparing pyroigneous acid. Now, in this description of tar are contained many active and even poisonous principles, as paraffin, eupion, creasote, picamare, pittacall, capnamore, and perhaps cedriret.

All these are either soluble in spirit of wine, or in each other, and are thus probably all indirectly rendered soluble in spirit of wine. Can it be possible, then, that a tincture containing ingredients such as these, is inactive? and must we not infer that Dr. Cullen was misled by having made his observations on a tincture not prepared with the best kind of wood-soot? I hazard the conjecture that the tinctura fuliginis, when made with proper materials, is not inactive: that it deserves a fair trial, and that its chief defect is the variable ratio of the above-mentioned powerful ingredients, caused by the ever-varying conditions of their production in the chimney.

In preparing this tincture, I have modified the old formula in the following manner, the original proportions being reserved:—

Take of—

Hard assafoetida, an ounce.

Brown, tenacious, soft, bituminous wood-soot, two ounces.

Proof spirit, one pint and a half.

Rectified spirit, half a pint.

Powder the assafoetida—introduce it with the wood-soot into a bottle—add half of the mixture of proof and rectified spirit—digest for a week, with frequent agitation—pour off the pure tincture—add the remainder of the spirit to the residuum—digest for another week—decant and mix the two tinctures—finally, let the tincture clear by subsidence, not by filtering.

This tincture is transparent, and of a very deep brown colour. The smell of assafoetida is somewhat disguised in it. If the wood-soot be of the quality above described, the tincture will contain some of the most active medicinal agents with which we are acquainted. Those who can recollect the panic that was excited about two dozen years since, in consequence of the poisoning of many persons in England and Germany, by over-smoked sausages, will be inclined to believe that solidified wood smoke cannot be a powerless medicinal agent.

It may be true, however, that the quantity of wood-soot made use of in preparing the tincture is too small: I think it is; but as long-continued custom has established the above proportions, I do not interfere further with them than to express this opinion.

## SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, May 2, 1840.

GENTLEMEN,—Having had charge of the male wards of the county of Clare Fever Hospital for the month of April, I beg leave to forward the following account of the number of patients under treatment during the month. Dr. Cullinan had charge of the female wards during the above period:—

Males in hospital on 1st April,	-	-	47
Admitted during the month,	-	-	99
			—146
Discharged cured,	-	-	94
Died,	-	-	5
Remaining in hospital on 30th April,	-	-	47
			—146
Females in hospital on 1st April,	-	-	73
Admitted during the month,	-	-	140
			—213
Discharged cured,	-	-	120
Died,	-	-	8
Remaining on 30th April,	-	-	85
			—213

Making the total numbers as follows:—

In hospital on 1st April,	-	-	120
Admitted during the month,	-	-	239
			—359
Discharged cured,	-	-	214
Died,	-	-	13
Remaining in hospital, 30th April,	-	-	132
			—359

A custom exists in this hospital, which, I believe, is not general in similar institutions throughout Ireland, and which I think is well worthy of imitation.

There are always two physicians on duty—one has charge of the male—the other of the female wards; by this arrangement all bad cases have the benefit of a daily consultation, and it was to me, on several occasions during the month, matter of the greatest satisfaction to have had the able assistance and co-operation of my valued friend and colleague. The period of attendance occupies a calendar month, and the medical men take charge of the male and female wards alternately—that is, the physician who had charge of the female wards during the month of April, will, when next he comes on duty, have the care of the male side of the house, and so on.

The disease in the male wards, during the month of April, assumed almost all its protean varieties. Some cases presented the characters of severe cerebral engagement, with great general excitement; these, if admitted soon after the period of invasion, I found to be vastly the most manageable, generally yielding to shaving the head, arteriotomy, the constant application of cold to the scalp, and active purgation. Other cases, however, had, from an early period after admission, symptoms of a low typhoid character, marked by a weak and faltering pulse, maculae, dry tongue, crusted, as well as the mouth, with dark brown sordes. These cases, as may be supposed, required the early exhibition of broth, wine, and the diffusible stimuli, such as mist. camphor. c. spirit. ammon. composit., blisters to the nucha, sinapisms to the extremities. Many cases recovered under this plan, in circumstances previously apparently hopeless. Again—another set presented complications of great gastric irritation: there was considerable tenderness of epigastrium, with nausea. The tongue, in these cases, presented a morbidly clean, bright, shining, and dry appearance. Leeching the epigastrium, occasionally followed up by the application of a blister, castor oil, and, after its operation, effervescing draughts, with hydrocyanic acid, seemed to be the



treatment under which these cases did best. Again—in another group, the chest was engaged, in some cases, with pneumonia; in others, with bronchitis.

I quite agree with my friend, Dr. Enright, that this last was a very formidable complication. A very aggravated case of it was successfully treated by Dr. Cullinan in the female wards. This patient was almost moribund, when the rapid impregnation of the system, with mercury, and other adjuvants, produced a most astonishing alleviation of all the bad symptoms, and she gradually got well.

If you think the above statement deserves a place in your valuable Journal, it is very much at your service.

I am, gentlemen, very truly yours,  
MICHAEL HEALY, M.D.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Ntn-Limavady Dispensary, April 27th, 1840.

GENTLEMEN,—Fever has prevailed in this town and neighbourhood for upwards of two months to a much greater extent than has been known for many years. During the above period, I have known whole families, among the poor, to be labouring under fever at the same time. My correspondents, in different parts of the north, (professional and otherwise) concur in bearing testimony to the prevalence of fever at present. Indeed, I am sorry to say that here it is even still upon the increase; and it is not even altogether confined to the poor, for it is at this moment to be seen making its inroads among the upper circles. The character of the fever, in the young and elderly, is, generally speaking, very different. In the former, the symptoms at first run high—full quick pulse—acute headache, &c. These, however, when taken early, yield to the following treatment, viz., one or two pretty large bloodlettings—purgatives—cold applications to the head—tart. ant. in minute doses, frequently repeated—cold drinks, and absolute abstinence from food. In the latter, the fever is of a low typhoid character—no determination to any particular organ—petechiæ appearing very early—from beginning to end extreme prostration of strength, and the fever of a very protracted nature.

This dispensary is very much inconvenienced by not having a fever hospital attached to it. The deficiency is, however, somewhat supplied by affording nurse-tending to the poor in extreme cases; and should fever prevail in any district within the bounds of this Dispensary a nurse is appointed to watch over, and attend the patients of that district; she is also required to make daily reports of those under her care, and whether there is any increase of cases. This system I got into operation some years ago, when fever was very prevalent here before; and when I found it impossible to pay that attention to so many extern patients, which they severally deserved. It then struck me the system mentioned would be a good one, if funds adequate to the expense could be obtained. I was aware that the magistrates were in the receipt of money, which they levied as fines at the petty sessions. This money heretofore had been handed over to the managers of the county infirmary. However, I found that there was an Act of Parliament permitting such funds to be appropriated to such legitimate uses of the local Dispensary as I now intended to apply them. I applied to the magistrates for assistance from said funds towards paying nurses' wages in connexion with the Dispensary. I was successful, and ever since, this money has been appropriated to this use, and not to that of the county infirmary, by which the poor here have been greatly benefitted, and my labours and anxiety very much lessened. Should the above system be adopted by any

medical man who may be circumstanced as I was, it will not be long acted upon until the good which must necessarily accrue therefrom shall be experienced.

The foregoing is at your disposal—act with it as you may think proper; and should you think it worthy a corner in your very valuable periodical, by giving it such you will be conferring an honour on your very obedient servant,

ROBT. F. DILL, M.D., M.R.C.S.L.  
Medical Superintendent of the Ntn-Limavady Dispensary.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Dunfanaghy, April 25, 1840.

GENTLEMEN,—In compliance with the wish expressed in No. 66 of the MEDICAL PRESS, I forward you a brief sketch of the present epidemic fever, such as it has appeared in my district. Fever for more than the last month has been, and indeed still is, most rife, during which time I have treated upwards of a hundred cases. The fever prevailing in these quarters is decidedly of the continued type, with strong and universal tendency to pulmonary attacks; commencing, for the most part, with languor and rigors, followed by the common symptoms of continued fever, and generally lasting 14 days ere the crisis comes on, but in some cases I could not detect any marked crisis. I have particularly watched for thoracic symptoms, and I do not remember a single patient who did not more or less complain of the pectoral distress.

This epidemic has been, I may say, solely limited to the peasantry, who are well supplied with fuel, but miserably furnished with all other necessary comforts—living in ill-ventilated and extremely dirty cabins. In the commencement of this epidemic, I administered emetics, but from the class of patients I have to deal with, I find the following mixture more efficacious:—

R Sulphatis magnesiae, uncias duas,  
Antimonii tartarisati, grana octo,  
Aquæ distillatæ, uncias sexdecim.  
Fiat mistura.

Two large spoonfuls to be taken each hour; and, although not perfectly compatible, yet it has done its duty, so as to realize my sanguine desires.

I have in all cases, where there is any pulmonary tendency, applied blisters most freely to the chest; and in some of the most aggravated cases, about the eighth day, used small and repeated doses of calomel, so as to affect the gums. And here I can vouch for the accuracy of Dr. Clutterbuck's statement, namely, the first effect of the mercury is to cleanse the tongue and gums.

Mortality, for so far, is trivial; when called within the first day or so, I do not recollect the loss of a single patient.

I remain, your obedient servant,  
JAMES MEE,  
Medical Attendant to the Dunfanaghy Dispensary.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Roscrea, April 30, 1840.

GENTLEMEN,—I beg leave to remind you, that prior to the Congress being convened, I proposed that it should be composed of the physicians, surgeons, and apothecaries of Ireland, being fully satisfied that no permanent union (which that great meeting contemplated to effect,) could be accomplished without a junction of the three branches of the profession, as their interests were the same and inseparable, without injury to each other. This suggestion, I regret to



say, could not be acted on at the time, for reasons which it is not necessary for me to explain. I subsequently supported a proposition which was made at the meeting of the delegates, held at the College of Surgeons, on the 28th of May, "that physicians and surgeons, though practising pharmacy, should be admitted members of the new medical corporation that was then in contemplation to be established." Even this plan had not the support I could have wished for so popular and useful a measure.

The experience of the past year has fully convinced me, that it is not only necessary that all respectable physicians and surgeons, who practise pharmacy, should be admitted members of the Medical Association of Ireland, but that the apothecaries of Ireland should also be invited to enrol their names, and thus constitute a *bonâ fide* medical union. I am quite confident that the unnecessary and ridiculous jealousies, that at present beset the minds of medical men, can, in no other way, be allayed.

Under all those circumstances, I again take the liberty of suggesting it to the Council of the Association—that measures be taken to bring this important matter before the next meeting of Congress, to be held the 27th of May next. I am sure that every member of the Association, of a truly liberal mind, will give his warm support to so praiseworthy a measure.

I am, Gentlemen,

Your most obedient servant,

WILLIAM KINGSLEY,

Member of the Medical Association of Ireland, &c.

#### PRACTICABILITY OF MEDICAL REFORM.

TO THE EDITORS OF THE MEDICAL PRESS.

Armagh, April 28, 1840.

GENTLEMEN,—As many persons favourable to a reform of the abuses, monopolies, and aggressions, inflicted on the medical profession, are deterred from joining the movement now in progress to get rid of this state of things and to place our long-injured and trampled-on art, on a sure and permanent footing, by its apparent impracticability; and as many who have generously and zealously attached themselves to the band of reformers, a body which is daily and hourly increasing, and which now extends from this country to France, and thence to America, and of whose final success, thank Providence, there is not the shadow of a doubt, have misgivings as to the possibility of uniting the two great divisions of medical men, the physicians and surgeons into one body, the following advertisement extracted from an American paper, the *Toronto Patriot*, of December 31st., 1839, will sufficiently prove the *practicability* of the measure which is now in full operation in Upper Canada, under a *legislative enactment* of the present reign—and also its usefulness to the public, as well as to the medical men themselves:—

"College of Physicians and Surgeons of Upper Canada.

"Toronto, Nov. 28, 1839.

"NOTICE.—All Magistrates convicting any offenders against the Act 2nd Victoria, chap. 38, Incorporating the College of Physicians and Surgeons of Upper Canada, and levying fines under that Act, are requested to remit the said fines to Mr. William Higgins, High Constable of the Home District, who has been appointed Collector, according to the 19th Clause of the said Act.

"Any information or evidence respecting individuals practising Medicine, Surgery, or Midwifery

illegally, may be transmitted, post paid, to Mr. W. Higgins, at Toronto.

"By order of the College,

"LUCIUS O'BRIEN, M.D.

"Fellow and Sec'y Coll. P. & S."

Here then is a measure ready cut to our hand, and so far as it appears "*prima facie*" quite applicable, and, indeed, adapted to Ireland. Will any one say the profession or public in Ireland have not as good a claim to be protected as in Canada? I trow not, and surely it cannot be said, that abuses requiring the power of an act of parliament to suppress, do not exist; all we want then is, that an *overwhelming majority* of the profession put their shoulders to the wheel and urge it onwards; the times are propitious, let the word be *Advance*. Union and courage, and the field is won.

A PHYSICIAN AND SURGEON.

AND AN OLD REFORMER.

#### REVIEWS AND NOTICES OF BOOKS.

OBSERVATIONS ON THE DISEASES INCIDENT TO PREGNANCY AND CHILDBED. By FLEETWOOD CHURCHILL, M.D., Licentiate of the King and Queen's College of Physicians in Ireland; Physician to the Western Lying-in Hospital, and to the Adelaide Hospital; Lecturer on Midwifery, and Diseases of Women and Children, in the Richmond Hospital School of Medicine, &c. &c. 8vo. Pp. 464. Dublin. 1840.

A work on the Diseases of Pregnancy and Childbed was much wanted—the notice of these diseases in the systematic works of midwifery being far too brief. We know that Dr. Churchill has been collecting materials for this work for several years, and neither care nor industry have been spared in arranging and laying them before the profession.

In the first part of the work we have almost every disorder to which pregnant women are liable; and the second includes the more important diseases of childbed. In addition to his own observations, Dr. Churchill has spared no pains to collect from English, French, and German authorities, facts or statements illustrative of each chapter. That this has been a great labour, the reader may be convinced, by turning to the chapter on "Puerperal Fever," or on "Rupture of the Uterus."

We should be happy, did our limits permit, to make ample extracts on several subjects, but this we cannot do; but must content ourselves with giving, entire, one chapter, on "Convalescence after Parturition," as a very fair specimen of the author's style and mode of treating his subject—hoping that our strong recommendation may make it soon a familiar book with our readers:—

"In considering this subject, we shall assume that the patient, previous to labour, was strong and healthy; that the labour has been natural (under twenty-four hours,) with the first and second stages bearing their usual proportion (2 to 1) to each other, and neither accompanied nor followed by any accidental complication, as convulsions, hæmorrhage, &c.

"No one can examine the condition of such a patient, before and after a labour of even a few hours' duration, without being struck by the change which has taken place. It is not the mere fatigue which might have followed muscular exertion of the same amount at any time; but there is evidently a much more profound impression on the entire system.

"The nervous system is more or less affected; the secretions are altered; new ones are established; the uterine system in itself, and in its relations, is completely changed; the circulation is disturbed, &c. &c.



"A little more detail upon each of these phenomena will be necessary.

"1. *The Nervous Shock.*—The sudden alteration of the eye, the diminished or increased sensibility of the brain, the disturbance of the respiratory and circulating system, the altered secretions, the great exhaustion, &c., all are evidence of a shock to the nervous system, the effects of which are thus extensively felt. After easy labours, it is not very remarkable, and the patient soon recovers from it; but it is too manifest to be questioned, after those of a more serious character.

"It has been usual to attribute the exhaustion of the patient to the fatigue resulting from muscular effort; but when the whole of the immediate consequences of labour are considered, and especially when extreme cases are examined, I think there is proof of much more than mere muscular exhaustion. The late distinguished Professor of Edinburgh, Dr. Hamilton, admitted this; for in his section on convalescence after delivery, in his practical observations, he repeatedly alludes to the *shock*.

"When the shock is moderate, it gradually subsides, provided that the patient be kept free from all disturbance and excitement, and that she obtain a few hours' sleep. In proportion to the rapidity and completeness of its subsidence, will be the return of comfort to the patient, and the restoration of those functions which were disturbed in the consequence of it.

"2. *The State of the Circulation and Respiration.*—The changes induced in these systems appear to be partly the result of the muscular exertion, and partly in consequence of the nervous shock. I have carefully investigated the state of the pulse in a number of cases; and in the majority I have found the following alternations to take place. During the second stage of labour, the pulse always increases in frequency, though the amount varies in different persons. Shortly after delivery it falls, nearly, but not quite in proportion to its previous frequency; *i. e.* it becomes nearly as much below the ordinary standard, as it was above it, previously. After the lapse of a few hours, a reaction takes place, the amount of which is nearly, but not quite in proportion to the original increase and subsequent collapse. Again, for twelve or fourteen hours it subsides, to be again increased on the secretion of the milk; after which, if the patient go on well, it gradually returns to the ordinary standard. To illustrate my meaning, let us suppose that during the second stage the pulse mounts up to 120; then, during the collapse, it will fall perhaps to 60; and on reaction taking place, it will rise to 100 or 110. I do not intend to give this illustration as the accurate standard of these changes, but merely as illustrative of the alternations I have generally observed; nor do I say that they occur in every case, but only that I have noticed them in a very large majority.

"I have never been able to discover any proportion between the frequency of pulse induced by the secretion of milk, and its previous state.

"The importance of these successive alternations will be seen more strikingly, when we come to consider the variations from normal convalescence; it may suffice to say, that I have seldom seen them absent (the pulse having increased during the second stage,) without serious cause.

"The frequency of respiration is in accordance with that of the pulse, after natural labour, when the nervous shock has been moderated. During the increase of the circulation, the number of respirations per minute is increased, and again diminished during the collapse.

"3. *State of the Uterus, Vagina, &c.*—Immediately after delivery, the uterus contracts more or less firmly, so as to reduce its size to about that of an infant's head. This contraction is beneficial in several ways; it prevents hæmorrhage, it empties the uterine cavity, and diminishes the calibre of the uterine vessels and sinuses. After a short period of contraction, an interval of relaxation ensues, followed in its turn by renewed contractions. The repeated contractions reduce the size of the uterus gradually, until about the eighth or tenth day, it is small enough to descend into the pelvis.

"Previous to this it can easily be examined through the relaxed abdominal parietes, and a tolerably accurate knowledge obtained of its condition; but subsequently we

can only reach the fundus at the brim of the pelvis; and after another week it disappears altogether. There have been various opinions as to the mechanism of so rapid a change in the size of the uterus—some attributing it solely to the repeated contraction; and considering that the closing of the interstices between the fibres, and the exclusion of the supply of blood, would explain the diminution in size (Murat, Ramsbotham, &c.;) others suppose that absorption goes on rapidly at the same time. (Hamilton.)

"It is evident that this question can only be decided by the solution of a previous one, *viz.*, whether, during the enlargement of the uterus, there is any deposit of new matter? If not, it is not more difficult to imagine the uterus restored to its natural size by the aid of contraction alone, than to suppose its increase dependant solely upon distension. It is a point, however, upon which I should be unwilling to speak very positively.

"The condition of the cavity of the uterus is of great interest. When examined a day or two after delivery, the lining membrane appears loose and corrugated, somewhat softened, and covered more or less by patches of the decidua. The part to which the placenta was attached is raised above the level of the surrounding parts; its surface is unequal, resembling in this respect, a granulating ulcer; its size is wonderfully reduced.

"The whole internal surface is of a dark ash colour, while the discharge upon it may be greenish or brownish, giving the appearance of a morbid condition of the parts. Indeed I have known it to be pronounced gangrene.

"The structure of the uterus, if cut into, is found to be less dense than natural, and the fibres more distinct; the sinuses are still very evident, and at the placental insertion they are filled with clots of blood.

"The os and cervix uteri are covered with ecchymoses, as though they had been severely bruised; and sometimes small lacerations may be observed in the edge. The orifice remains open for some days, but gradually closes.

"The vagina is speedily reduced in size after its great distension: at first there is considerable heat and soreness; but this shortly subsides, unless the head of the child have remained long in the pelvis, or the lochia be acrid. The lower outlet, too, resumes its natural capacity in a shorter time than would have been believed possible.

"The abdominal integuments are longer in resuming their natural state; they remain flaccid and loose for a considerable time; but if care be taken in the bandaging, but little evidence, beyond the presence of the white streaks, is afforded after a month or two, of their previous distension.

"4. *After-pains.*—The contractions of the uterus, subsequent to delivery, of which we have spoken, are unaccompanied by pain in primiparous women; but in subsequent labours they cause more or less suffering, and are called "after-pains." They vary a good deal in their frequency, their severity, and their duration. The first is generally felt within half an hour after delivery, and they ordinarily cease in thirty or forty hours, though they may continue longer. They are not generally accompanied with any bearing down efforts, nor by an increased frequency of the pulse. During their presence, the discharge from the uterus increases considerably, and coagula are frequently expelled. From this latter circumstance, they have been attributed to the presence of coagulated blood in the uterus; but though they are often exasperated by this circumstance, they occur equally when no clots are expelled. Their operation is, within certain limits, undoubtedly salutary—they prevent the occurrence of uterine hæmorrhage, reduce the uterus to its original size, and expel any coagula or discharge which may have accumulated.

"The application of the child to the breast will often bring on after-pains, and prolong their continuance.

"5. *The Lochia.*—The discharge of blood which accompanies delivery, continues for some time afterwards, doubtless from the mouths of the vessels exposed by the separation of the placenta; but after a while, the character of the discharge changes, and it can no longer be considered a mere escape of blood, but exhibits all the characters of a secretion. The state of the lining membrane of the uterus would lead us to expect such an oc



currence. This discharge is called the "lochia;" or in popular language, "the cleansings." For three, four, or five days, it continues of a red colour, but much thinner, and more watery than blood, and not coagulable; it then becomes yellowish, like puriform matter; but more frequently maintaining its serous consistence, it changes its colour successively to greenish, yellowish, and lastly to that of soiled water.

"It has a very peculiar odour, which can neither be mistaken nor forgotten, but which it is impossible to describe.

"The duration of its flow varies a good deal; in some women it ceases naturally, and without bad consequences, a few days after delivery; and I have observed this to be frequently the case with women who have been delivered of still-born or putrid infants. Generally speaking, in these countries it does not entirely cease till the end of three weeks or a month; but much will depend upon the constitution of the patient.

"As to the quantity, it is impossible to fix any limits—it will depend partly upon the extent of secreting surface, and partly upon the duration of the discharge; and the effect upon the convalescence of the patient will be in proportion to the amount.

"There can be no question but that the secretion (with one exception) is necessary for uterine health, and that a sudden interruption of it is attended with bad consequences.

"6. *The Secretions and Excretions.*—From the exertions of the second stage of labour, the secretion of the skin is increased, so that the surface is bathed in perspiration. After delivery, this active state of the secretion diminishes somewhat, but still continues above the ordinary standard; and very often the perspiration has a faint sickly odour. The skin is soft and flabby, with a slight greasy feel.

"As convalescence progresses, the surface returns to its natural state.

"The kidneys may retain their usual activity, or, which is more frequent, have it somewhat increased after delivery, notwithstanding the unusual amount of perspiration; but this may be owing to the diet, consisting principally of fluid matter.

"The state of the bowels varies—sometimes it is unaltered; in others it is the reverse of what it was during gestation—patients who were constipated having now no need of medicine; and those who were annoyed by diarrhoea, having solid motions. The latter change is by no means uncommon, and may probably be owing to the increased secretion from the skin and kidneys.

"7. *The Milk.*—The enlargement of the breasts during gestation is generally accompanied with the secretion of a serous fluid, differing from true milk, though in some cases (seldom with first children) true milk is secreted during labour, and the woman can give suck immediately afterwards.

"In ordinary cases, however, the breasts remain quiescent for about twenty-four hours, but soon after that begin to enlarge, with stings of pain. At the end of the second, or the beginning of the third day, they are perceptibly larger, heavier, and more tense; the patient suffers from rigors, heat of skin, pain, or soreness of the breasts, and the pulse is quickened. At this time the secretion commences—at first slowly, and with difficulty; but afterwards more freely and abundantly; and in proportion to the freedom of secretion is the diminution of the heat, the frequency of pulse, and pain, until after two or three days it takes place without annoyance or disturbance.

"The milk at first secreted differs in quality from that eliminated subsequently; and will often supersede the necessity of purgative medicine to the child.

"Variations from this, the ordinary course of secretion, will be noticed hereafter."

The foregoing will be interesting to our readers, but would be much more so could we afford space for the copious notes which give abundant proof of industry and discrimination. The work is handsomely got up, and is very creditable to the Dublin press; we have no doubt that its success will answer the most sanguine anticipations of the author.

#### TO CORRESPONDENTS.

*Communications received from Mr. Stevenson, (Armagh,) Drs. Long, (Arthurstown,) O'Reilly, (Old Castle,) Halpin, (Cavan,) Duigan, (Kilbeggan,) Fraser, (Tulla.)*

*Gentlemen in arrear are requested to forward their subscriptions. A bank note or a half sovereign can be forwarded in a prepaid letter, for one penny.*

### MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 6, 1840.

#### THE TWENTY-SEVENTH OF MAY.

WE must again remind our brethren of the near approach of the last Wednesday of May, and, in doing so, we gladly call their attention to the list of admissions to the Medical Association of Ireland, which appears this day in our columns. The work of organization is now fairly set a-going—its nature is beginning to be understood—its utility, nay, necessity, appreciated—and as an inevitable result, labourers are not wanting for its service. There are now, we believe, few who deny that many changes are required in the present medical arrangements, and the progress of the Association during the last few months, gives abundant evidence that the majority of well-informed members of the profession are beginning to be convinced, that the only way in which those changes can be safely effected, is by union—union in deliberation—union in action. This is the doctrine which we have inculcated from the very commencement of our labours, and which we hope to continue to urge, until all shall be impressed with a sense of its truth and importance.

To the few well-intentioned persons who still ask, how will union remove medical grievances? we shall, on the present occasion, offer one or two observations. Such individuals have, sometimes, when we adduced, as instances of its effects, the better condition of the two branches of the legal profession, replied, 'oh! the union of lawyers can do some good, they have political influence, if medical men could return even a single member, you might then talk of the advantages of your association.' To this argument we at once answer, by denying that either class of lawyers have, as belonging to their profession, any political influence. The pursuit of general politics is as dangerous to a mere lawyer, as it is to a mere physician, and quite as certain to lead him away from the profits of his profession. Lawyers, as a body, do not influence the return of a single member, they never, upon any occasion, are found to vote unanimously for one candidate. The opinions of legal men upon public questions, as well as upon those regarding themselves, are indeed received with respect, because they come from a recognized professional body, which stamps a definite character upon all its members, who have, to a certain extent, common interests, and who can be got to assert their rights in a common declaration, whenever a necessity for so doing arises. This is the secret of their better position, and not any interference which they use in party politics. Every man understands that a barrister is one belonging to a profession, composed of intelligent and well-educated men, who understand their own duties and interests, and who will not suffer the latter to be interfered with. The moral effect of union is thus produced, and force of any kind is seldom, if ever required.

On the other hand, what is the position of medical men? They can scarcely be said to constitute a profession; have apparently no common interests; and have never been induced to make any common declaration of their rights. No man has a clear under-



standing of their actual position. If a doctor be spoken of, he may be a well-educated, and useful practitioner of medicine, or he may be an illiterate cow doctor, or a vender of murderous quack nostrums: let a medical witness be called in one of our assize courts, and the chances are even whether the respondent shall belong to the former or the latter class; in either case, he will be equally accepted by judge and jury as a doctor. Nor can these functionaries be blamed for such acceptance; they constantly hear medical men, themselves, casting doubts upon the genuineness of the medical claims of their legitimate brethren, Dr. A. is spoken of before Dr. B., who agrees in the worthiness of his character, but hints that he is only a bachelor of medicine; Dr. B. again is found out to be only a Scotch M.D., while Dr. C. discloses the important secret that Dr. D., though a man in good practice, is only a London surgeon, and in his turn, the said Dr. C., is discovered to have no medical degree, and to be only a licentiate, not a member of the Irish College of Surgeons. Is it strange, that perplexed by these, and twenty other frivolous attempts at distinctions of rank, the public should lose their power of discriminating the characters, which really constitute a medical man? Must not their comment be:—

“Strange that such difference should be,  
“Twixt Tweedledum, and Tweedledee.”

And must they not join in thinking lightly of all the members of a profession, whose characteristics no two of themselves can agree in defining? Here, then, lies the secret of our worse position, and not in any inaptitude for party politics, peculiarly belonging to our profession. Medicine has political relations, which, if cultivated and understood by its followers, would bring it into connection with the state, quite as respectably and usefully, though perhaps not altogether so frequently as the political relations of the law. We think, therefore, it can scarcely be denied, that the moral power of union and association, even if no one of us had a political vote, could not fail to obtain for us as it has done for our legal neighbours, the consideration and respect due to a professional body of well-educated and useful members of society; these points once gained, the rest would easily follow, and the most oppressive of our grievances would speedily disappear.

There is another operation of union, to which we cannot better refer, than in the words of Sir Edmund Head, who certainly must be admitted as a disinterested witness. In his report on the state of medical relief in his district, this gentleman says:—

“As to the necessity of protecting the medical profession against competition, the public can hardly be called on to do that. It is the interest of the public, as long as persons think it worth their while to be properly educated, to secure their services at the lowest rate, which is compatible with their efficiency. Competition is prevented in other professions by internal regulations, not by the assistance of that public, who would profit by it. If an architect or a barrister violate the bye-laws of the profession, he is treated as one who is not a gentleman. The same remedy is, of course, open to the medical men.”

Nothing can be truer—the same remedy is doubtless open to us; but it can only be made operative by union. Were we members of one profession, not of sixteen or seventeen cliques, nine of the city of Dublin grand jurors would not, last week, have voted for the reduction of the salaries of the medical officers of the Dublin prisons, on the alleged ground that equally respectable medical men could be got to perform equally onerous duties in the poor-houses for less than a sixth of the remuneration.

We scarcely think this subject can require to be

further pursued, and we shall now conclude, exhorting our brethren of all classes to cast aside petty jealousies—to inform themselves as to the real objects and uses of the Medical Association of Ireland—if they find aught in its arrangements to condemn, freely to state their opinions; but, at all events, not to lose the opportunity of forming themselves into a compact and respectable body by joining its ranks.

## MEDICAL INTELLIGENCE.

### HOUSE OF COMMONS.—MAY 1.

Mr. HUME presented a petition from the medical practitioners of Kilkenny, praying the house to take the medical profession on some intelligible footing.

## POOR-LAW INTELLIGENCE.

### HOUSE OF COMMONS.—MAY 1.

Colonel WOOD asked the Attorney-General if a poor-rate, made without rating personal property and stock in trade, might not be appealed against.

The ATTORNEY-GENERAL said, that according to a late decision in the Court of Queen's Bench, any rate might be appealed against and quashed as invalid which did not include the rating of personal property and stock in trade. This decision referred not to any new law, but to the old poor-law of Elizabeth.

CORK UNION.—Number in the workhouse on the 27th of April, 1493—being an increase since last week of 51.

ROSCOMMON UNION.—The board of guardians have agreed to a petition to parliament for the repeal of so much of the poor-relief act, “as gives to the poor-law commissioners absolute and uncontrolled powers over the board of guardians; and instead thereof, that the board of guardians may be vested with all reasonable and discretionary powers; and that the poor-law commissioners may not have the power to enter into any compact—levy any rate—appoint any officer—fix any salary—or do any other act, matter, or thing whatever, without the consent of the majority of the board of guardians being first had and obtained, at the same time allowing to the poor-law commissioners full power to issue such orders as they may think proper, which the board of guardians may refuse, or adopt, according as they may think them reasonable, just, and proper, or the contrary. And should any difference of opinion, at any time arise between the board of guardians and the poor-law commissioners, either party may appeal to the next going judges of assize, whose decision thereon will be final and conclusive. Cost of appeal in no case to exceed £10. And further, that the majority of the board of guardians may, at any time they think proper, admit any person, or persons, to be present at, and report their proceedings.”

## MEDICO-CHIRURGICAL SOCIETY.

The last meeting of the session was held on Tuesday evening, April 28, when Dr. Houston delivered the closing address. Mr. Gordon was adjudged the prize for the best essay on diseases of the rectum. The three honorary certificates were given to Messrs. Gordon, Kennedy, and Moore, for their exertions during the session, and their zeal in promoting the interests of the society.

## MORTALITY OF LONDON,

FOR THE WEEK ENDING, 25TH APRIL, 1840.

Age.—0 to 15, 408; 15 to 60, 304; 60, and upwards, 176.—Total, 888. Males, 462; females, 426. Population of the districts included in this table, as enumerated in 1831, was 1,594,890.



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 30.—Council met.

R. O. McKittrick, Esq., Surgeon, of Hollywood, Charles D. Fry, M.D., of Ferbane, A. E. Tabuteau, M.D., of Portlannington, Joseph Ferguson, M.D., Mullingar Infirmary, were admitted members of the Association.

SATURDAY, MAY 2.—Council met

W. C. Murphy, M.D., of Gaulty Lodge, Tipperary, W. R. Kennedy, M.D., of Rathdowney, C. Patterson, M.D., of Rathkeale, M. Fisher, M.D., of Ballybrittas, were enrolled members of the Association.

Letters read from Drs. J. Jacob, (Maryborough,) Kingsley, (Roscrea,) Wright, (Arklow,) Reardon, (Tipperary.)

## LOCAL MEETINGS.

A meeting of the Roscrea and Parsonstown Medical Association is called for Tuesday, May 5, at one o'clock, in the grand jury room at Parsonstown;

Of the county Leitrim Medical Association, in Carrick-on-Shannon, Thursday, May 7;

Of the Armagh Medical Association, for Tuesday, May 5, at half-past four o'clock, at Rogers' Hotel, Armagh.

## PROMOTIONS.

CIVIL.—Dr. J. A. Easton has been appointed surgeon to the Glasgow Police, in the room of Dr. Spital, Royal Infirmary, deceased. This intelligence, we doubt not, will be gladly received by the numerous practitioners, scattered throughout Ireland, who availed themselves, while in Glasgow, of the benefit of Dr. Easton's valuable instructions.—*Communicated.*

MILITARY.—4th Light Dragoons—Surgeon John Chambers, from the 15th Light Dragoons, to be surgeon, vice Mouat, who exchanges.

15th Light Dragoons.—Surgeon J. Mouat, M.D., to be surgeon, vice Chambers.

## OBITUARY.

On the 24th April, of fever, Hawksley Leney, M.D., of Blackrock, near Dublin.

Suddenly, at Clogher, Mr. Thomas Keane, of Suffolk-street, Dublin, apothecary.

On the 29th April, J. A. Reed, M.D., Licentiate of the Royal College of Surgeons in Ireland.

## REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1840.	Max. T.	Min. T.	Barom.	Rain.
Sunday	April 26,	65	45	30.326	
Monday	27th,	73	48	30.350	
Tuesday	28th,	74	49.5	30.200	
Wednesday	29th,	78.5	49.5	30.350	
Thursday	30th,	66.5	53	30.400	
Friday	May 1st,	74	51	30.350	
Saturday	2nd,	75	47	30.300	

## ROYAL COLLEGE OF SURGEONS.

## CHEMISTRY.

ON MONDAY, May the 11th, at Eleven o'clock, Dr. APJOHN will commence his Summer Course of Medical and Practical Chemistry.

TERMS.....Two Guineas.

For further particulars, applications to be made to Dr. APJOHN, at 28, Lower Baggot-street; or to Mr. O'Keefe, the Registrar of the College.

This day is Published, in 8vo., price 12s.

## OBSERVATIONS ON THE DISEASES INCIDENT TO PREGNANCY AND CHILDBED.

By FLEETWOOD CHURCHILL, M.D., Licentiate of the King and Queen's College of Physicians, &c. &c.

Dublin: MARTIN KEENE and SON, 6, College-Green; London: Longman and Co., J. Churchill, Bailliere, and Co.; Edinburgh: Maclachlan, Stewart, and Co.

"Dr. Churchill's present volume is very ably executed, and we have no doubt will soon become a favorite work with the student, and a standard work of reference for the accoucheur and general practitioner. It is the only systematic treatise on the diseases of pregnancy and the puerperal state that has appeared in England since the publication of the work of Dr. White, of Manchester, on the same subjects, in 1772."—*Edinburgh Medical and Surgical Journal*, April, 1840.

## NOTICE.

## DUBLIN LYING-IN HOSPITAL.

AS Dr. EVORY KENNEDY's Seven Years' Mastership will expire in November, 1840, such Pupils as purpose attending the Summer and Autumn Courses, must enter immediately. Such of Dr. KENNEDY's Pupils as have not obtained their Certificates, or completed their attendance, are required to do so forthwith, or they will *deprive themselves* of the advantages of having been Pupils in the Institution.

The Summer Course will commence on MONDAY, the 8th of MAY.

Internal Pupils, Twenty Guineas. External Pupils, Ten Guineas

## GENERAL MEETING

OF THE

## MEDICAL ASSOCIATION OF IRELAND.

THE ANNIVERSARY GENERAL MEETING of the ASSOCIATION will be held in DUBLIN, on WEDNESDAY, the 27th of MAY.

Such Gentlemen as purpose attending, whether as Deputies from Local Associations, or otherwise, are requested to forward their names as early as possible to the Secretary, 13, Molesworth-street, Dublin.

By order of the Council.

H. MAUNSELL, Secretary.

## LEITRIM MEDICAL ASSOCIATION.

The ANNUAL MEETING of the ASSOCIATION will be held in CARRICK-ON-SHANNON, on THURSDAY, the 7th of MAY, to appoint Deputies to attend the "Medical Association of Ireland," and to Petition Parliament for Medical Reform, &c. &c. &c.

Signed, by order,

JN. DUNN, M.D. Secretary.

Drumsna, April 28, 1840.

## WESTERN MEDICAL SOCIETY.

The FIRST MEETING of the (ELEVENTH) SESSION will be held at BANDON, on TUESDAY, the 12th of MAY next. Such Members as purpose attending, are requested to forward their names to the Secretary at least a week before the day of Meeting.

Subscriptions will fall due on the 1st of May, and are requested to be forwarded to Dr. Corbett, Innishannon, Treasurer.

Signed by order,

SAMUEL WOOD, A.M., M.B.

Secretary.

Bandon, April 24, 1840.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, May 6, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXXI.]

DUBLIN, WEDNESDAY, MAY 13, 1840.

{ PRICE SIXPENCE  
STAMPEE.

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE XI.—VENEREAL DISEASES.

*Venereal buboes, no certain diagnostic characters before ulceration to distinguish them from other buboes.—Ricord's experiments with the matter of bubo, of importance.—Treatment of buboes.—Treatment of the constitutional symptoms of the papular venereal disease.—Pains of the joints from gonorrhoea a secondary symptom.—Treatment of iritis; bloodletting, mercury, turpentine.—Treatment of pustular venereal disease.—Primary symptoms—secondary symptoms.—Antimony, sarsaparilla, iodine—the latter, and its combinations, of great utility.—Phagedenic venereal disease.—Treatment of primary symptoms; utility of powerful escharotics.—Treatment of secondary symptoms.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—I shall commence this day's lecture, by making a few observations on buboes, to which every form of venereal is subject, but I do not know of any diagnostic sign before ulceration, by which we can distinguish to what form any bubo belongs; nor indeed is this to be expected, since there is no distinction between one which may arise from a morbid poison, and one which is caused simply by any irritation, propagated along the course of the absorbents. When ulceration takes place, a bubo seems obviously to evince the same mildness or malignity as the primary venereal ulcer, from which it originated.

At the time that it was the custom to put all venereal patients under severe courses of mercury, buboes often exhibited the most extensive and destructive ulceration; burrowing either deeply so as to endanger the femoral artery, or extending, superficially, in all directions—inwards to the perineum, downwards along the thigh, or upwards as far as the umbilicus; but we now seldom or never witness those effects of mal-practice and mistaken views.

VOL. III.

Buboes present great varieties, not only as to their situation, but as to their state. They may be superficial or deep, acute or chronic. It has been long a matter of disquisition whether they are most allied to the primary or the secondary symptoms. I always considered that they were as much primary as the ulcers which preceded them; and, indeed, in numerous instances, buboes could not be traced to any primary ulcer, so that we are forced to come to the conclusion that the absorption of the poison may either be conveyed at once by the lymphatics, without previous ulceration, to the glands in the groin, or that it produced an ulcer of so trifling a nature as to escape the patient's attention, and which afterwards spontaneously healed. I do not know of any mode of deciding the question, but analogy induces me to adopt the latter opinion.

M. Ricord tried various experiments of inoculation with the matter of buboes, and some curious and unexpected results were ascertained, as follows:—

1. That a gonorrhoeal bubo does not furnish any inoculable matter.

2. That a bubo, however extensive, which arises from a chancre near its termination, (*quand elle à lieu a la suite d'un chancre,*) is simply a swelling of the gland, and does not furnish a virulent matter.

3. That matter which flows from a bubo, when first opened, produced, on inoculation, only negative results, while in two, three, or four days afterwards, the matter of the very same bubo gave positive results; or, in other words, produced the characteristic pustule of a venereal poison.

4. That the pus secreted by the cellular tissue, in the neighbourhood of an affected gland, produced no results on inoculation; while that of the gland itself produced the characteristic pustule.

On a repetition of these experiments, he says,—*"Les résultats furent comme les premier; avec le pus superficiel, rien; avec le pus profond, pustule."* From



the results of these experiments, M. Ricord suggests that in doubtful cases, inoculation may serve as a means of ascertaining whether a bubo is venereal or not by its positive or negative results.

With respect to the treatment of buboes, I believe there is no practitioner who is not desirous to disperse them, if in his power, and prevent them from coming to suppuration. For this purpose, such measures should be adopted, as are applicable to any inflammatory swelling; such as absolute rest, frequent leeching, and cold evaporating lotions, together with such means as are best suited to meet the form of disease to which the bubo belongs, and which can only be known by the character of the primary ulcer. If the bubo is not accompanied by any such ulcer, and that the patient avers that he never had any, or that he had only a very slight one, which healed spontaneously, then I should infer that the poison which produced the bubo appertained to the papular form of venereal, and treat it accordingly. At all events, I should decidedly avoid prescribing a course of mercury for a disease that either might not require it, or be rendered more difficult of cure by its exhibition. Should constitutional symptoms afterwards arise, that would indicate the utility of a mercurial course, then it is quite sufficient time to subject your patient to a process of cure which in itself is no trifling infliction; and which, however indiscriminately directed it has hitherto been, without due consideration or judgment, no conscientious practitioner at the present day, enlightened by modern researches, ought to direct without very sufficient reason.

Mr. Hunter, at a time that mercury was esteemed the only cure for every form of venereal, observes, that "the resolution of these inflammations, (buboes,) depends principally upon mercury, and almost absolutely upon the quantity that can be made to pass through them, and the cure of them if allowed to come to suppuration, depends upon the same circumstances." And yet notwithstanding this opinion with respect to the resolute powers of mercury thus positively given, we find, in another place, the following apparently opposite sentiment:—"The first enquiry, (respecting the nature of buboes,) should be to learn if mercurial ointment has been at all applied to the legs and thighs of that side; for mercury applied to those parts for the cure of a chancre will sometimes tumefy the glands which has been supposed to be venereal." The fact is, Hunter directed mercury under the preconceived notion that no venereal symptoms could yield without the intervention of this medicine; but now that we know the reverse, his recommendation loses much of its weight. So far from mercurial frictions on the thigh of the groin affected, acting favourably in the dispersion of buboes, according to my experience it excites quite a contrary effect; so much so, that even were I induced to order mercury on account of an indurated chancre, accompanied with bubo, I should direct the frictions to be made on the thigh opposite to the side affected by the bubo.

While endeavouring to discuss a bubo, no matter to what form it belongs, I should feel no objection to the exhibition of three or four grains of calomel, occasionally at night, and a purgative draught on the

following morning. If the inflammation of the bubo is of an acute nature, it will either yield to these measures, or rapidly suppurate. If we find the latter tendency to be decisive, we should at once encourage suppuration by warm fomentations and cataplasms; and when it is sufficiently established either allow it to discharge itself spontaneously, (which, perhaps, is the best, if the patient is not anxious to be relieved from pain,) or else to open it by means of a small puncture, with a lancet, or to imitate nature more closely by cauterising the most prominent point with common caustic—the *kali purum cum calce* of the Dublin dispensatory.

Buboes are sometimes, however, of a very chronic nature, remaining obstinate weeks or months, and gradually increasing in size, without manifesting any disposition either to go back or come forward. To such, frictions, with strong iodine ointment, so as to irritate the surface, are often useful, or blisters, with dressings afterwards, of mercurial or savin ointment; but the application upon which I place most reliance, is friction to their surface, with nitrate of silver in substance, so as to cauterise the cuticle only, and induce it afterwards to separate—this application may be renewed more than once, if necessary. By these means I have induced indolent buboes which would otherwise have remained stationary for months to resolve or to suppurate in a very short time, and thus have succeeded in freeing the patient from a very troublesome companion.

Having now concluded the observations I had to make on the primary symptoms of the papular form of venereal, I shall proceed to the consideration of the treatment of the CONSTITUTIONAL SYMPTOMS of the same disease. The papular eruption is ushered in with more or less fever, which declines as the papulæ make their appearance; first on the forehead, breast, and afterwards over the extremities. It is accompanied with an erythematous inflammation of the fauces, swelling of the tonsils, and pains in the larger joints. These symptoms require confinement to the house, and the exhibition of antimonials, conjoined with such medicines as determine to the skin. I need not observe that during the existence of fever, the patient should not be allowed either meat or wine; but as the fever subsides, and the eruption declines, these restrictions may be lessened or discontinued. About the end of the second week, or in the third from the commencement of the eruption, the first crop of papulæ will have desquamated, while fresh ones continue to make their appearance. The patient, however, may take, with advantage, at this period, decoction or infusion of sarsaparilla, conjoined with small doses of tartarized antimony, as long as there is any feverish excitement, or an appearance of fresh papulæ: and with the hydriodate of potash afterwards, as soon as all fever has subsided. The latter medicine may be given in doses of from five to eight or ten grains three times a day. When the spots have all desquamated, if they should continue to linger long notwithstanding this treatment, you may give, with advantage, small doses of mercury in conjunction with sarsaparilla, in place of the hydriodate of potash. The preparation or formula I usually prefer is that of Plummer's, or the compound calomel pill, of which four or five grains may be given twice or thrice a day. This course I pursue until the eruption has disappeared, the throat well, and the pains of the joints no longer felt, under confinement to the house in cold or wintry weather; but in summer, or in warm weather, I am not in the habit of exacting strict confinement during the desquamating stage; however, generally speaking, the less the patient exposes himself to our cold variable climate, during the continuance of the eruption, the more certain will be his recovery; and



by attending to this advice, as well as in avoiding the use of mercury until the eruption has desquamated, you take the best measures to secure your patient against iritis, a return of the eruption, or a relapse of the other secondary symptoms attending this form of disease.

I should not, however, deem it necessary to persevere in the use of the medicines recommended, in order to meet the swellings of the lymphatic glands of the neck, which are particularly incidental to this form of venereal; for they are analogous to similar affections which follow the eruptions of small pox, measles, and scarlatina, and should be considered merely as a consequence, but not as symptoms of a morbid poison. Sarsaparilla, with the hydriodate of potash may, however, be of service with due attentions to the general health in causing their dispersion. Under this simple plan, I have succeeded, without the embarrassment of encountering successive crops of the eruption, and relapse of the other symptoms of this form of disease in a vast number of cases, during the last quarter of a century.

Severe pains in the joints, resembling those of acute rheumatism, occasionally occur during a gonorrhœa, as was first, I believe, observed by Sir Benjamin Brodie. Now, under an impression that these pains are signs of a constitutional affection, although not attended by papular or any other description of eruption, I have treated cases of this kind successfully on the principle pursued in combatting the constitutional symptoms we have just been considering, believing both to arise from the same morbid poison; but that the pains of the joints are more acute in this instance, in consequence of the non-appearance of the eruption, which, in the several diseases arising from morbid poisons, always relieves the other affections. It is not necessary to have all the symptoms present to constitute any disease, but the remark is particularly applicable to the exanthemata. For instance, in scarlatina, the affection of the throat which belongs to the disease is often present without the eruption, and *vice versâ*.

Before I conclude the consideration of the constitutional symptoms of the papular form of venereal, it is necessary to speak of iritis; for though this formidable affection is not confined to the papular disease, yet for one instance we meet with in practice connected with the symptoms of the other forms, we at least find twenty connected with this. Venereal iritis was but little known before the time of the late John Cunningham Saunders, whose posthumous work on this and other diseases of the eyes, edited by Dr. Farre, appeared in 1811. This affection of the eyes, unlike the purulent gonorrhœal ophthalmia, is decidedly a constitutional symptom. Although the disease is termed iritis, yet, from the early cloudiness of the humours of the eye, and consequent injury to vision, as well as from the severe pains, (often nocturnal,) of the entire globe, it is not likely that the disease is confined, even in the first instance, to the iris, but that every part of the eye is affected. Iritis may be idiopathic, or connected with gout or rheumatism, as well as with venereal, and I know of no certain diagnostic signs by which we can distinguish iritis arising from a venereal virus from that which is occasioned by the causes just mentioned, except that in the former there are usually at the same time present some other venereal symptoms: so that, when a patient applies for advice with iritis, we should always examine him, with a view to ascertain whether he has any eruption or other venereal signs.

The symptoms of iritis are impaired vision—diminished transparency in the humours—a zone of red vessels in the sclerotic coat surrounding the cornea—a change of colour in the iris—thickening of its pu-

lar margin—an angular displacement of the pupil towards the root of the nose—round tuberculous depositions of lymph on the surface of the iris—contracted and fixed pupil—great vascularity of the sclerotic coat—suppuration and disorganization of the eye. I have thus briefly stated the progressive symptoms of this disease as they arise, with which you must be quite familiar, as we are seldom without several cases in hospital. But I am happy to say that you have seldom or never an opportunity of witnessing the last of these stages, as I only recollect two or three cases, in the course of my long practice, in which mercury did not check the progress of the disease. In these it ended in disorganization of the eyes, although mercury had the fairest trial. In such cases where mercury fails, the practice recommended by Mr. Hugh Carmichael of exhibiting spirits of turpentine, in large doses, should decidedly receive a trial before the eyes become disorganized, as authentic instances have been published from various quarters of its utility. Few persons are, however, able to bear the quantity he prescribes of a drachm three or four times a day, though given in conjunction with almond emulsion and tincture of opium, as it occasions nausea and strangury, circumstances which militate much against its exhibition. In order to prevent the latter inconvenience, the patient should drink freely of any mild beverage. I have myself had several cases in which the most decided advantages were derived from this medicine where mercury had failed; but, in the majority of those cases, the inflammation of the iris was idiopathic, and not venereal. In the treatment of this disease, I should not forget to mention that local blood-letting, by cupping and leeching the temples, as well as blisters, afford auxiliary means which are, at times, of great advantage.

But with respect to the antiphlogistic and mercurial treatment, upon which, in every kind of iritis, our greatest reliance must depend, blood should be taken from the arm in proportion to the activity of the inflammation and strength of the patient, with the double view of obviating the former, and facilitating the introduction of mercury into the system, of which I direct the sub-muriate, in conjunction with opium, to prevent it from affecting the bowels. This preparation, when it can be borne, I prefer, as it mercurializes the system more rapidly than any other. Two grains, with quarter of a grain of opium, may be given every fourth hour as a medium dose to a strong adult, while mercurial inunction is, at the same time, employed. As soon as the breath, gums, or inside of the cheeks are affected, we should instantly lessen, considerably, the doses, for fear of excessive salivation. But the object being to preserve the eye from an injury so serious as its disorganization, we must be bold and decisive in our practice. If the patient is delicate, or that the sub-muriate disagrees, we may substitute blue pill, or mercury with chalk. The course should be continued steadily, so as to keep the mouth tender during four or five weeks, until all inflammatory symptoms have disappeared. At the same time that the patient is undergoing this course, the extract of belladonna should be applied to the eyelids morning and evening, in order to prevent contraction of the pupil.

It is curious to observe the immediate benefit which ensues in the majority of cases from mercurializing the system in this affection; for, as soon as it is evident, the cornea and humours become more transparent, and the patient finds that his vision has improved. Now, this effect of mercury is not owing to its *anti-syphilitic* or *specific* powers, as was the expression of the surgeons of former days, or of those who still adhere to obsolete and antiquated notions; for



the same advantages will ensue when exhibited for gouty, rheumatic, or idiopathic iritis; and the beneficial effects which it thus produces in every case of iritis, no matter from what cause it originates, has occasioned the general adoption of mercury as a remedy, next only to blood-letting in efficacy, to arrest the progress of inflammation in every part of the frame, not a single organ excepted.

With respect to the treatment of the primary ulcers of the PUSTULAR FORM of venereal disease, characterized by their elevated edges, smooth surface, without fungus or induration, I may generally remark that the same treatment, recommended for the ulcers of the papular disease, is equally applicable to those under consideration—viz., cauterization, with nitrate of silver, in their early and most virulent stage, and weak solutions of the same metallic salt afterwards as a lotion, varying from one to three grains to the ounce of distilled water. These ulcers will not, however, bear to be irritated, and weak solutions of sulphat of zinc, (gr. i. ad ℥i.) or even cold water are often found to be the most suitable applications: while, at the same time, rest, moderate living, and the antimonial aperient medicine, before mentioned, may be exhibited. Should the ulcers become obstinate, from five to ten grains of the hydriodate of potash, may be given with greater advantage; but I have never seen any benefit, but, on the contrary, great mischief from the use of mercury for this form of ulceration.

I have often had occasion to observe in the buboes of this form of venereal, the same projecting and undermined edges which characterize the primary ulcers from which they originate. It is often, therefore, necessary in such cases to destroy those raised edges with caustic, before we can induce a healthy or healing appearance in the ulcerated surface.

For the SECONDARY SYMPTOMS, consisting of an eruption of pustules, which end in superficial ulcers that shew a mild granulating surface, and an early disposition to heal, the same general treatment is applicable, as for that recommended for the papular eruption, only that the one under consideration is much more obstinate. The entire surface may become covered with this eruption, exhibiting, at the same time, recent pustules, or spots of a pustular tendency, and others covered with crusts. The frequent use of the simple warm bath, or that impregnated with sulphurated kali, or with the nitro-muriatic acid, will be found very useful in cleaning the skin from the quantity of sordes this eruption occasions, and in disposing the ulcers to heal.

For the aphthous ulcers in the throat, there is no application superior to that of the solid nitrate of mercury: while, at the same time, the common gargle, acidulated with muriatic acid, may be frequently employed.

For the pains of the joints, when very acute, and attended with swelling, cupping, leeching, blistering, or tartar emetic ointment, may be necessary, together with the exhibition of Dover's powders, particularly at night.

For nodes, the same measures may also be required; and if they fail to afford relief, the division of the inflamed periosteum, followed by emollient cataplasms, is sometimes, but not often, necessary.

For the cure of the different constitutional symptoms of this form of venereal, there is no remedy so much to be relied on, in conjunction with sarsaparilla, as iodine; which latter medicine, and its combinations, I consider as a remedy of the utmost value in the treatment of this as well as the phagedenic form of venereal disease, which includes the most formidable and hitherto most unmanageable cases met with in practice. I began to use it very soon, in

cases of venereal nodes, after Dr. Coindet, of Geneva, had made known its utility for goitre; on the principle that a medicine so powerful in producing the dispersion of a tumour so obstinate, might be equally efficacious in removing diseases of a similar obstinacy in the bones, in cases where I had reason, from the accompanying symptoms, to dread the injurious effects of mercury: I, therefore, exhibited iodine or hydriodate of potash, in this hospital, many years since, for the secondary symptoms of these forms of venereal disease, with the most flattering success, long before there were any published accounts of its utility in venereal complaints. At present, I believe it is used extensively, but without much discrimination or selection of symptoms. I began with giving iodine to the extent of a grain, with six or eight grains of the hydriodate, dissolved in a pint of distilled water, directing the patient to take a third of this quantity morning, noon, and night. At present, the hydriodate of potash is usually preferred, and given to the extent of from fifteen to thirty grains, dissolved in a pint of decoction of sarsaparilla, during the day. I am not certain that the one mode has any advantage over the other; but, in both ways, as a remedy, iodine has surpassed, in the two forms of disease alluded to, my most sanguine expectations. Its beneficial influence on a class of symptoms, in which mercury is manifestly injurious, affords another proof of the utility of considering venereal complaints in relation to other diseases, and of adopting such remedies for the symptoms of the one as have been found useful for those of an analogous character in the other, without attending to the empirical doctrine of specific diseases and specific remedies.

With the exception of iodine as a remedy, I have not made any change in my treatment of venereal diseases, as given to the public in my first edition in 1814, at a time when this most useful medicine was unknown. Should, however, the nodes, of which I was speaking, before this digression concerning iodine, remain unaffected by that medicine, and the other means recommended, *then, and not until then*, would I recommend you to have recourse to mercury; a remedy, which, though capable of curing a painful node, may act injuriously by repelling the eruption prematurely from the skin, before it had naturally declined; and thus, under the views submitted to you, subjecting the patient to a relapse of the eruption, or an affection of the deep-seated parts.

If mercury should *then* be ultimately required to cure *venereal periostitis*, let it be given according to the rules I shall lay down for its exhibition, when I come to speak of the treatment of the scaly venereal disease.

The next form to be considered is the PHAGEDENIC VENEREAL DISEASE. I have mentioned, in my first lecture, that the primary ulcers of this form may be either acute or chronic. That the former made rapid progress by an alternate ulcerative, and sloughing process; and if decisive measures are not promptly taken, the part assailed may very soon be totally destroyed. That the chronic phagedenic ulcer, on the contrary, may creep on slowly, healing in one place, while it ulcerates in another; but the identity of the poison which produces both is proved by the similarity of the constitutional symptoms which they occasion.

Before I proceed to consider the treatment of this form of ulcer, it is incumbent on me to make some observations on the following passage, in a lecture of Mr. Mayo's, published in the *Medical Gazette*, for November, 1839:—

"The diseases comprehended under the second head of primary local affections, that are liable to be



followed by constitutional lues in one or other of its forms, are ulcerative and sloughing phagedena. They are distinguished by salient differences from other venereal sores; in appearance they are unlike them, and they are generally made worse by mercury. In these facts there is enough to give plausibility to the hypothesis of Dr. Adams, that phagedena and chancre are produced by different morbid poisons. One is, however, justified in withholding his assent to this opinion, and in waiting for further evidence, by what is known of the influence of the condition of the system in imparting to common ulcers of other parts a spreading and sloughing character."

From the words marked in italics, it is obvious that Mr. Mayo, to whom I am deeply indebted for the flattering notice he has taken of many of my opinions, supposes that Dr. Adams first promulgated the doctrine, that phagedena is one of the forms of the venereal disease, arising from a distinct poison; whereas, on reference to that part of his work which treats on the subject, we find that his opinions are quite the reverse. Being an advocate for Hunter's doctrine, of there being only one venereal poison, and one remedy, mercury—when he met with a phagedenic ulcer which resisted the specific, he concluded that it was not at all venereal.

I shall read you the passage, on a case of phagedenic ulcer of the penis, detailed, at page 33 of his work on morbid poisons, which had resisted the use of mercury:—

"But in spite of all, the ulcer (a phagedenic one) spreads, inasmuch that while the mouth was sore, it had extended laterally, so as to be seen without raising the penis, and downward to the scrotum. In this situation he sent for me. On hearing the history, I had no difficulty in making up my mind, that, *whatever the case might originally have been, it was not then venereal.* This opinion was not founded on the presumption of any better knowledge of the subject."

It is clear, from the words marked in italics, that Dr. Adams, so far from considering that phagedena is produced by a venereal poison, distinct from that which produces true syphilis, was of opinion that it was not at all venereal, because if venereal, he concluded that it must yield to mercury. His faith in this medicine was so implicit, that we find him, in the same page, concerning another case of phagedenic ulcer of the penis, detailed by Dr. Donald Monro, thus imperatively demanding, "*in a word, if the disease was venereal, why did it not yield to mercury?*" The answer, now, would readily be given by the youngest tyro amongst you—that there are forms of venereal, which, so far from yielding to mercury, are rendered more intractable by its use; and that the doctrine of the progressive nature of venereal diseases, is now completely disproved by the most ample experience.

If I was searching for a striking example of the phagedenic form of venereal disease, and of the ill effects of mercury upon it, I could not possibly find a more complete illustration of both, than these cases of Dr. Adams, although he did not consider them, from his faith in a false dogma, to be venereal. The unfortunate patient, whose case he chiefly dwells upon, after suffering under the usual secondary symptoms of phagedenic venereal disease, for which he was subjected, under various practitioners, to course after course of mercury—at length, totally worn out, became deranged in his intellects—during which state, death, fortunately for him, put a period to his sufferings.

This case reminds me of a similar one, which engaged, a few years since, not only the attention of the leading men of our profession, but that of the law.

It was the case of a gentleman of large fortune, who came to Dublin, affected with the phagedenic venereal disease, to put himself under my care; but, being confined by illness at the time, I was not able to take charge of him. This gentleman used mercury for a long period, under various practitioners, which only rendered his symptoms more intractable, and, at length, he became deranged, in which state he died. But a question arose, whether or not he was *compos mentis* at the time he made his will, upon which, like every other that medical men have to decide, there was great discrepancy of opinions.

But, with respect to Dr. Adams's case, it is clear that he did not consider the disease in question to be at all venereal; for, in winding up his conclusions upon its nature, he makes the following observation:—

"That the case above related, was the effect of a morbid poison, introduced from the broken skin at the lower part of the prepuce, can hardly be doubted, and that it was not venereal, is to me equally certain. Is it consistent, he asks, with what we know of the latter, that an ulcer should increase while mercury is shewing its effects on the constitution?"

I answer that it is so perfectly consistent with what we know of the phagedenic form of venereal, that it is actually a characteristic sign of phagedenic ulcers to spread under the use of mercury. But to return to the treatment of this form of disease.

In my work on venereal, I advocated a mild mode of treating the acute form of primary phagedenic ulcer—viz., by cataplasms, warm fomentations, and other soothing applications—while opium, conium, or hyoscyamus, were exhibited in sufficient doses to alleviate pain, and narcotize the system.

This plan, though vastly superior to the mercurial, (which was the prevailing one at the time, and usually led to the worst results,) was too slow to meet the urgency and destructive progress of this ulcer. I, therefore, long since relinquished it for the following decisive practice. When a patient presents himself before me, with an acute phagedenic ulcer, I, with as little delay as possible, cauterise the entire of its surface with a strong mineral acid: it is immaterial whether we select the nitric or the sulphuric—either will answer. This cauterisation I perform by means of lint, rolled round a pencil of wood, dipped into the acid selected for the occasion. As the object is merely to destroy the surface, and as these powerful acids might be more destructive than necessary, I immediately direct an assistant to pour a continued stream of water on the ulcer, as soon as every part of it is cauterised. For this purpose I usually place the patient in an erect position, the penis held firmly over a vessel, which receives the ablation after the application of the acid. Lint, well moistened in water, is then wrapt round the penis, and a large anodyne is given to the patient, who usually awakes from its effects, freed from the distressing pain which this ulcer in its spreading state occasions.

This application is, no doubt, as painful as it is decisive; but although I have adopted it in a vast number of instances, I cannot call even one to my recollection in which it did not succeed in checking the progress of this destructive ulcer, inducing it to assume a healthy appearance, and soon afterwards to heal. If the ulcer should be for the most part concealed by a phymosis, but the nature of it sufficiently manifested by as much as is exposed to view, together with great pain and an abundant ichorous discharge, it will be necessary, in order to cauterise the ulcer, to divide the prepuce through its entire extent. A case of this kind, fresh in my recollection, was presented to me in consultation, under the care of a highly intelligent army surgeon. A young officer in the gar-



ri-son of this city, was affected with an ulcer of not more than a week or ten days duration. There were phymosis and a swollen state of the entire penis, with incessant severe pain, and a continued flow of thin ichorous matter. On retracting the prepuce as far as could be done, as much of the ulcer was brought into view as to enable me to perceive that its character was decidedly phagedenic. I proposed an immediate division of the prepuce, which was acceded to by both the patient and the gentleman in charge of the case. This being done, an extensive ulcer, which had destroyed two-thirds of the glans and corona penis, but had not as yet opened into the urethra, presented itself. As soon as the bleeding ceased, nitric acid was applied, in the way mentioned, to the ulcer. He was immediately put into bed, and a narcotic draught, containing forty drops of laudanum, given to him, which caused him to sleep twelve hours incessantly. Next morning he felt totally free from the distressing pain which deprived him of rest from the commencement of the attack. In two or three days afterwards the sloughs separated, exposing a healthy granulating surface, which was perfectly healed after the application of the acid. I mention this case simply because it is a striking example of the efficacy of the practice recommended. The only medicine which this gentleman took afterwards was sarsaparilla, in conjunction with hydriodate of potass, and he never showed since any constitutional symptoms.

Though the mild mode of treating these ulcers, by enollents and anodynes, was a great improvement upon the mercurial, which, in a great number of instances, I have seen, not only to occasion the destruction of the entire penis, but also that of the scrotum, leaving the testicles perfectly bare, and not unfrequently leading to the death of the patient; yet, the decisive plan of cauterising the entire surface of this destructive ulcer, by a powerful mineral acid, is, I consider, from its usual success, one of the most important improvements in modern surgery; and I have no doubt but that it will soon, in such cases, be universally adopted.

With respect to the treatment of the chronic form of phagedena, which spreads slowly, with a phagedenic margin, at one part, while it is healing at another, I am equally an advocate for the cauterising system; but it will be sufficient to apply the acid, or the nitrate of silver in substance to the edge only of the ulcer, which is extending—after which, water dressings are probably the best; for, certainly, mercurial lotions, or those which are in the slightest degree irritating, are injurious. If there is much pain, opium should be given in sufficient doses to procure ease, in conjunction with sarsaparilla, and hydriodate of potass. But no mercury should be exhibited, as, according to my experience in this form of disease, it is always productive of mischievous effects. Before I was aware of the benefit resulting from cauterisation of these ulcers, I frequently employed fumigations of the sulphuret of mercury, or mercury with chalk, or applied a liniment composed of equal parts of balsam of copaiba and castor oil, and sometimes pared off the irregular phagedenic edges of these ulcers with a knife, and encouraged the bleeding afterwards with sponge and hot water, and then applied water dressings, as recommended by my friend, Professor Macartney. But I must say, that although these measures were useful, yet that they are not to be compared in their beneficial results with the immediate and decisive advantages which attend the cauterising system.

The ERUPTION occasioned by the phagedenic venereal virus may commence in the form of pustules, or tuberculous raised elevations of the skin, evincing a pustular tendency. These soon become covered with

crusts, which assume often, but not always, the conical shape of the rupia prominens of Doctor Willan; but where this form does not occur, we frequently observe in the flattened crust the original tendency to it, which the pressure of the patient's body, as he lies in his bed, or of his clothes, seems to have thus mechanically prevented. It is, therefore, on the face that we see most frequently the best specimen of a rupia prominans, unmolested by external interference from assuming its natural development. The eruption seems to be decidedly pustular, and not vesicular, as some have stated it to be—its pustular form, as well marked as that of distinct small-pox, is well delineated in figure I, plate III. of my work on venereal. But whether these spots at their first commencement contained lymph or pus, I cannot say. In this respect they most probably resemble the progress of the spots of small-pox, which at first contain serous, and afterwards purulent matter.

We frequently find this pustular phagedenic eruption intermingled with papulae, which desquamate, a circumstance that has been urged against my classification, as it is objected that in the same person you may meet with every form of eruption; but this I deny, as you do not meet with lepra or psoriasis intermingled with these phagedenic pustules. In this intermixture of papulae with pustules, we recognise an accidental circumstance equally observable in small-pox, and yet no one would designate as papular the eruption of this disease. Systematic writers on cutaneous diseases designate an eruption as papular, vesicular, pustular, or tubercular, according to its most obvious and prominent characters. But I shall occupy no more of your time by meeting the objections of mere captious cavillers, who have not truth for their object; and, therefore, shall proceed to observe that it is now, I believe, generally admitted that mercury is highly injurious to the form of disease characterised by this eruption; a doctrine which, when I first ventured its promulgation, excited the angry opposition of all indignant mercurialists. But even those gentlemen have at length given in, with one exception, in a practitioner, who has discovered that ten grains of mercurial ointment rubbed in every second night is sufficient to cure a disease for which he was in the habit of ordering, formerly, two drachms every night, in conjunction with as many mercurial pills as the stomach and bowels could bear. I may, therefore, briefly observe that the general treatment for this form of disease is precisely the same as that recommended for the pustular, with the addition of frequent doses of opium to relieve irritation when the ulcers are extensive. Mild dressing, such as zinc ointment, spread upon lint, and retained by straps of adhesive plaster, seem to be most advantageous for these ulcers when they become exposed by the falling off of the crusts. They usually heal from the centre even while they are spreading with a phagedenic margin; but this tendency to spread may be often immediately checked by a free application of lunar caustic to their edges. As soon as the eruption has changed its character into those extensive, discoloured, raised, scaly-looking patches, so well displayed in these drawings, and which are never seen until the disease has existed many months, and is obviously on the decline, then mercury may be given in alterative doses, in conjunction with iodine and sarsaparilla, to expedite the cure, as recommended for the last stages of the papular and pustular forms of venereal disease.

In my next lecture I shall consider the treatment of ulcers of the throat, nose, and larynx, as well as the other constitutional symptoms of this form of disease, and then proceed to that which produces a scaly eruption, and which is generally denominated true syphilis.



ORIGINAL REPORTS OF MEDICAL AND  
SURGICAL PRACTICE.

TO THE EDITORS OF THE MEDICAL PRESS.

Kilrush, April 10, 1840.

GENTLEMEN,—If you consider the following case (of stone impacted in the urethra of a child,) of sufficient value to any of your readers, it is altogether at your disposal. I fear it will not be as interesting to others, as it was to me; but feel that it is due to the profession that every member should submit any case, in any way differing from what we commonly meet. The pages of the MEDICAL PRESS, open, as they are, to every well-wisher to the profession, and to science, gives us an opportunity that we should not be slow to take advantage of.

I am, gentlemen,  
Yours, &c., &c., &c.,  
W. FOLEY, M.D.

M. K., a boy eight years old, of sound, excellent health, was discovered, on the morning of the 7th of March, 1838, to exhibit very great distress, in frequent and long-continued efforts to pass his urine; instinctively pulling at the penis, in the hope that such exertion would remove the obstruction. The urine was voided in very small quantity, and with such agonizing pain as to excite the deepest sympathy for his suffering. On being questioned by some members of the family, he stated that he was suffering during most of the night, and all the morning—concealing his condition lest it should be supposed that it was in any way produced by himself.

I found him exceedingly unwell—labouring under violent excitement—a small, quick, irritable pulse—hot skin—great restlessness—inclination to vomit—and excruciating pain when attempting to empty the bladder—a distinct, circumscribed tumour in the hypogastrium.

I wished to open a vein in the arm immediately, which the little fellow would not at all submit to: warm bathing and purgatives were used with little or no advantage. When the general irritability was, in some degree, reduced, I was able to introduce a catheter, (No. 2,) and draw off a large quantity of urine.

There was a great difficulty in introducing the instrument, owing to an obstruction in the *membranous* portion of the urethra, immediately anterior to the prostate gland. Considerable management was required to get the catheter beyond this place; it was quite plain that some solid resisting body occupied that part of the canal. The child never exhibited any symptom of calculus up to the commencement of the present attack, and resolutely denied having ever introduced any foreign body into the urethra.

The suddenness of the attack—the severity of the symptoms, and difficulty of passing the catheter, which should be done often from the free *secretion* of urine, and violent pain in attempting to discharge it naturally, and intolerance of retaining the instrument longer than was necessary, at each application, rendered the case exceedingly difficult.

The patient was treated with aperients, opiates, leeches, &c., &c., during three days; for a while, with a good deal of relief.

A solid substance was now discovered in the *spongy* portion of the urethra, which, by careful propulsion, was brought to within about half an inch of the orifice, and proved to be a regularly-formed urinary calculus, as large as a middle-sized bean; considerably too large to entertain any hope that it would pass through the external orifice. The next idea was to

lay open the corpus spongiosum, and remove the calculus. Before resorting to that operation, I determined on trying attrition: having bent a silver probe, like a close hook, and slipped it under the stone to prevent its recession, with a sharp-pointed probe, worked, as a drill, between the fore-finger and thumb of the right hand, I succeeded in perforating it in two places: it was then broken into fragments with a small-pointed forceps, and the whole, in a few minutes, removed. He was, in two days after, perfectly well.

I am thus minute, because, as was stated before, he shewed no symptom of calculous disease, until the above violent symptoms set in so suddenly; and from the removal of the stone, up to this moment, there was no trace whatever of sandy discharge, or any other sign of lithic diathesis.

The stone was urate of ammonia.

## SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Oldcastle, 1st May, 1840.

GENTLEMEN,—In compliance with your request, I beg leave to inform you, from the great prevalence of typhus fever in this town and neighbourhood, for the last two years, I had ample opportunities of witnessing its progress in persons of various ages, and different constitutions. In children, and persons under fifteen, it assumed a mild form—in the former class of patients, being called “worm fever” by the country people, and required very little treatment, purgatives and saline diaphoretics being sufficient to produce convalescence after the lapse of from seven to thirteen days, according to the age of the patient. In adults and persons advanced in years, it presented itself, particularly in the latter, much more aggravated, and required stimulants towards the latter stages, to effect a favourable termination. Persons who were bled previous to my seeing them always required stimulants, such as wine, camphor combined with carbonate of ammonia, strong broths to establish a crisis, which came on gradually, and was seldom completed before twenty-one, and sometimes twenty-three days, whereas those who lost no blood generally recovered on the thirteenth or fifteenth day, and required very often little or no stimulants. Relative to the complications, whenever an organ in the commencement of the fever appeared to be especially engaged I had recourse to local bloodletting, and other antiphlogistic means, with decided advantage; however, towards the latter period, when typhoid pneumonia, as it is called, occurred, together with symptoms of great debility, I had recourse to stimulants—wine, brandy-punch, ammonia, counter stimulants, &c., were freely used, and this treatment I found exceedingly efficacious. I always had recourse to mercury, by inunction. I never administered calomel or any other preparation of mercury, being of opinion the stimulants effect the cure, and not the introduction of mercury into the system; for it usually happens the life of the patient is either lost or saved before the system is mercurialized; the fact is, I believe the lungs become solidified by the stagnation or gravitation of the blood towards the lower and posterior parts of these organs, apparently produced by the great prostration of the vital energy, and the position of the patient, which will be found conducive to the production of this state of the lungs; on the same principle as in persons after death, in whom the posterior parts of the lungs, no matter what disease they have died of, are found gorged with blood, if the subject is placed for some time on the back immediately after death. The administration of stimu-



lants, and mercury at the same time, to resolve inflammation, seems very strange; but I think the *modus operandi* of the former and latter can be easily explained. The stimulants excite reaction throughout the entire body—the pulse will be found where, antecedent to their being given, it was imperceptible—the heart, by its increased action, relieves itself of the congestion by which it is surrounded, and again circulates the blood in the capillaries; the mercury probably does good, by preventing the inflammation which is apt to take place in the parts after the shock they must necessarily have sustained; or, in the event of its occurrence with the effusion of lymph, the removal of the latter. I shall not dwell longer on this matter, having suggested the hypothesis, but respectfully leave it to others more competent than I am to draw just conclusions on the subjects. Being most desirous to obtain information as to the treatment of another class of patients, whom I am inclined to believe most of your readers must have met in practice, and about whom I imagine the treatment is not definite or decided—nay, I will say, successful—I shall make a contrast, such as I have often observed. I have been called to see a young healthy peasant on the thirteenth or fourteenth day of fever, having the following symptoms:—Low muttering delirium—suffused eyes—subsultus tendinum—pulse between 120 and 130, weak and thready—extremities cold—teeth and tongue covered with sordes—abdomen tympanitic—involuntary discharges—lying on the back—sinking down in the bed. The treatment under which recovery took place consisted in giving freely wine or brandy punch, carbonate of ammonia, combined with camphor, in large doses, applying blisters and sinipisms. By adopting this line of treatment the pulse would become slow and full—the delirium cease, the abdomen soft, the tongue moist and clean—in a word, all the bad symptoms subside, and the patient would be found crying out vehemently that he was “starved;” when, by changing the treatment, and giving light nutritious diet, he would soon be in possession of perfect health and spirits. Now, I have been called to see three cases, one of them the father of the person whose case I have above described, in which the patients were about 50—led very intemperate lives—were known by the name of “hard livers,” in whom the following symptoms were observed on the 8th or 9th day—temperature of head above the standard—eyes suffused—no delirium—tongue moist and white—abdomen tympanitic, involuntary discharges, decubitus on the back—pulse small and weak, between 120 and 130—subsultus tendinum—complaints of no pain. Now, with respect to the treatment, if you give him stimulants, &c., as in the other case, he will continue to get worse, and die on the 10th or 11th day. His pulse, instead of getting slow, will become smaller and quicker, and the other symptoms worse. If you give any large doses of opium, say half a grain of acetate of morphia every three hours, it will produce no better effect. The pulse will not become slower or fuller, but smaller and weaker; nor will you ameliorate the other symptoms of the patient, who will continue sinking although he retains his mental faculties to the last. Mercury given in large doses, and rubbed in, will not be attended with benefit—if you adopt no plan of treatment, the patient will, I believe, also die. It is clear, in those cases, the system is exhausted, and that the nervous system is very much deranged. Supporting the patient, and endeavouring to allay the nervous excitement, therefore, appears to be essential in the treatment of this description of patients. In apologizing for having trespassed so much on your time, I have the honour to be,

Your most obedient servant,  
JOHN O'REILLY, M.D., L.R.C.S.I.

TO THE EDITORS OF THE MEDICAL PRESS.

Cavan, April 27, 1840.

GENTLEMEN,—A public meeting was held, this day, in the vestry room of the church of Ballyhaise, to inquire into the state of fever in that town, and adopt the best means, under the circumstances, of preventing its further spread amongst its inhabitants; and having been called upon, by a committee appointed at that meeting, to make a report of the cases then said to be labouring under this disease, I visited all the houses pointed out to me as infected.

I enclose you my report, which you are at liberty to publish.

I remain, gentlemen,

Your very obedient servant,

CHARLES HALPIN, L.R.C.S.I.

“TO THE COMMITTEE AT BALLYHAISE.

“Ballyhaise, April 27th, 1840.

GENTLEMEN,—In compliance with your instructions, accompanied by the Rev. Mr. Money penny, I visited those houses in Ballyhaise in which fever now prevails, and beg leave to lay the result before you. We visited fourteen houses, and, in them, we found twenty-seven persons, whose state was as follows:—

[Here follows a list of the houses, and the names of the sick.]

“Of these twenty-seven persons, fourteen are labouring under fever: in five of these fourteen, the fever is slight; in the remaining nine it is of a much graver character. The worst cases are in the houses marked numbers 6, 9, 11, 13, and 14. Ten of the twenty-seven, are convalescent; one has had fever, and has relapsed; one case is doubtful; and one, in house No. 3, is a case of premature confinement.

“I would recommend to your committee that, so far as accommodation can be afforded in the Cavan Fever Hospital, the most urgent cases be selected, and sent in there immediately. With this view, I waited on Dr. McDonald, physician to that institution, who directed me to assure you that he would feel great pleasure in co-operating with you, and endeavour to facilitate the removal of the sick to the wards of the hospital, or to erect booths in the grounds of the hospital, should such be required.

“Most of those persons are wretchedly poor, and their cabins, or hovels, filthy and uncomfortable—some have scarcely any bedding—some have not even straw to lie upon.

“I would recommend that a thorough cleansing and whitewashing be given, not only to the infected cabins, but also to those around them. Nourishment should be provided for those who are sufficiently recovered to make use of it; and straw and bed covering given to those who are in want of it.

“Those who cannot be received into the Cavan Fever Hospital, must, of course, be attended to in their own cabins.

“I have the honour to be, gentlemen,

“Your very obedient servant,

“CHARLES HALPIN, L.R.C.S.I., &c.”

## REVIEWS AND NOTICES OF BOOKS.

### ELEMENTS OF THE PRACTICE OF MEDICINE.

By CHARLES LENDRICK, M.D., T.C.D., Queen's Professor of the Practice of Medicine, Clinical Physician to Sir Patrick Dun's and Mercer's Hospitals. 8vo. Part I. Pp. 123. Dublin. 1840.

This is the first part of a work much wanted both by student and practitioner, the elements of the prac-



tice of medicine in a condensed form, intended "rather to compare and connect than describe individually." It is the production of a man capable of thinking and arranging his ideas, and therefore calculated to lead the student to exercise his mind in a similar way, a process from which he has been diverted in this city for several years, by false guides leading him into desultory scamperings over the field of medical science, or setting him to seek mares' nests in the thickets of theory. The description of disease and its treatment is, as the author says, concise, requiring the student to peruse the text minutely, and to avail himself of other sources of information. The first part of the work, that now before us, consists of an introduction, on morbid actions, irritation, inflammation, specific inflammation, and congestion, followed by an account of "morbid actions, necessarily referrible to a particular structure or system," including, fever intermittent, pure inflammatory, typhus, synochus, irritative and hectic. The second part is to treat of "morbid actions, referrible to a particular elementary structure or tissue," as phlegmonous and diffuse inflammation, anasarca, gangrene and erysipelas, of the cellular structure; papulae, pustulae, exanthemata, &c., of the cutaneous; with diseases of mucous, serous, glandular, fibrous and osseous structures, including scrofula, rheumatism and gout. The third part to consist of inquiries respecting "morbid actions referrible to a particular system of organs or functions," as of the nervous, digestive, circulatory, respiratory, secretory and generative systems, including apoplexy, hydrocephalus, gastritis, cholera, dysentery, dropsy, peritonitis, pericarditis, bronchitis, pneumonia, nephritis, diabetes, gonorrhœa, syphilis, &c. &c.

The whole will thus form a manual of pathology, (not bottle and picture pathology) and a hand-book for medical practice. Opening the work at random, we take the following extract from the chapter on *typhus fever* as a specimen of the author's method of treating his subject:—

"The first symptoms of collapse, as indicated by increasing debility, require the use of stimulants. The cardiac mixture or draught (note to page 24) is one of the best. Where, however, coma and collapse are conjoined with subsultus tendinum and other spasmodic symptoms, musk and camphor\* ought to be more liberally administered. The failure of these to rouse the sinking powers of life shows the necessity of using *wine*, which, from its stimulating properties, and its tendency to affect the head, is rarely admissible till other medicines have proved inefficient. In the case of persons habituated to the use of wine, it is almost always necessary, as an article of restorative dietary at the period of convalescence, even in mild cases. Where mere debility, unattended by congestive symptoms, is the prominent symptom throughout; recovery is accelerated, by allowing light nourishment† even before convalescence, provided febrile excitement, or oppression of the stomach be not produced by it.

"When collapse is about to take place, and the camphor and ammonia have failed to produce revival, the use of wine is indispensable. Like all powerful remedies, it is capable of doing much good or harm; and as its effects can rarely be anticipated, (depending much on constitutional idiosyncrasy,) they must be carefully watched, so as to determine the propriety of continuing or ceasing, augmenting or diminishing, its administration. Its use must be *tentative* and cautiously pursued; many of the symptoms that might seem to contra-indicate it by denoting excitement, really depending on an opposite state

of the system, and becoming ameliorated by its operation; and *vice versâ*.

"It may generally be inferred, that if wine produce strength without excitement, sleep without stupor, and that the advantageous effects accruing from it do not quickly subside, its use is likely to be beneficial. Where heat, restlessness, headache, quickness of pulse, oppression of breathing, or mere temporary benefit, ensues, it will probably fail or prove prejudicial, at least as then administered. It ought, under these circumstances, to be laid aside, the quantity diminished, or some other sort of wine, or malt liquor, resorted to. Where wine is found to agree, the amendment ought to be considered sufficient, and the quantity on no account be increased. Debility on the one hand, or determination of blood to vital parts on the other, is always to be apprehended in fever, and to be guarded against by negative as well as positive treatment.

"As the system is sometimes so susceptible of the action of stimulants, that wine must be given in small quantities and diluted, or of the weakest kind; so on the other hand, it is occasionally so repugnant to their influence, that the symptoms of collapse are progressive, although a bottle or more of wine be used daily. Here the quantity must be increased, or its administration aided by the exhibition of brandy and water, especially in intemperate habits, till the stimulus seems to be felt. The effect of the previous administration of wine, and not the quantity, forms the rule as to its continuance. Where, however, the daily allowance has been very large, it ought to be lessened as the bodily strength becomes restored, so as to anticipate the excitement it may be expected to produce.

"The stronger sorts of wine, such as Madeira and Port, are the more eligible in the case of persons habituated to the use of it, where the system is not easily stimulated, or where the weaker kinds have proved inefficient. *E contra*, in habits of an opposite nature, as in females and children, the lighter French or German wines are to be preferred, especially at first. Champagne, or wine rendered effervescent by mixture with soda or Seltzer water, is generally very grateful. Where the system\* is readily excitable by wine, while, at the same time, there is much debility and tendency to collapse, malt liquor is preferable. Spirituous liquors produce excitement rather than strength, and ought to be allowed only to patients previously in the habit of using them. Brandy may, however, be used to season the patient's caudle or panada, and is sometimes more grateful than wine.

"No general rule can be laid down, as to the requisite quantity of wine or other stimulants in typhus fever. The object of the medical attendant ought to be to produce strength without excitement, and to be contented while the former is progressive, however slightly, or even permanent. The quantity requisite to produce this effect, must depend on the susceptibility of the constitution to stimulants at the time. An ounce may effect as much in one case, as a pint in another. A large quantity of wine, aided by strong soup or gravy, and spirituous liquors, may barely suffice to keep the patient alive while in a state of extreme collapse; whereas a tenth part of the stimulus might, under other circumstances, cause a recurrence of severe febrile symptoms."

We strongly recommend Dr. Lendrick, if possible, to complete the two remaining parts without delay, and to have the work perfect for the use both of students and practitioners against the ensuing session. If judiciously managed as to publication, it will prove a successful school book, and a popular compendium for refreshing the memories of practitioners.

#### BOOKS RECEIVED.

*The Naturalist's Library.* Ichthyology. Vol. II. By J. S. Bushnan, M.D.

\* "R. Moschi, gr. viii.  
Camphoræ, gr. ii.  
Cons. rosæ semidr.  
Syr. q. s.  
Ft. bolus bis terve quotidie sumendus."

† "Such as panada, arrow root, light chicken broth, &c."

\* "Where the tongue is dry and coated with black sordes, malt liquor may be given in the state of fermentation. See *London Medical Gazette*, for 20th April, 1839, p. 108."



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, MAY 7.—Council met.

James C. Fitzpatrick, M.D., Kilworth, Richard Long, M.D., Arthurstown, Henry Croly, M.D., Mountmellick, John Peebles, M.D., Dublin, W. H. Parkinson, M.D., Dublin, were enrolled members of the Association.

SATURDAY, MAY 9.—Council met

Henry C. Fox, Surgeon, Galtrim House, Summerhill, John M'Dowell, M.D., Physician to the Monaghan Jail, Richard Maffett, M.D., Glasslough Fever Hospital, Richard Cooke, M.D., Frankford, Walsh, Esq., Surgeon, Clara, J. Waters, M.D., Parsonstown, Shortt, M.D., Kinnitty, Professor Porter, Dublin, John Lynch, M.D., Charleville, were enrolled members of the Association.

Communications have been already received from Drs. Cane, (Kilkenny,) Kingsley, (Roscrea,) Healy, (Ennis,) Dunn, (Drumsna,) Jacob and Dunne, (Maryborough,) Croly, (Mountmellick,) Purcell, (Carrick-on-Suir,) Blackley and Colvan, (Armagh,) Barlow, (Mullingar,) M'Cormac, (Belfast,) Maffett, (Glasslough,) Walsh, (Clara,) Cranfield, (Enniscorthy,) Corbett, (Inniscannon,) Reardon (Tipperary,) Wright, (Arklow,) Fox, (Summerhill,) Colahan, (Galway,) Waters, (Parsonstown,) O'Grady, (Malahide,) expressing their intention of attending the general meeting.

A letter was read from Dr. Webster, communicating some cheering intelligence with regard to medical reform, which must, for the present, be considered as confidential.

Resolved—That Michael Donovan, Esq., be admitted an honorary member of the Association.

Resolved—That the following "Propositions" be published in the MEDICAL PRESS on Wednesday next:—

## PROPOSITIONS FOR THE CONSIDERATION OF THE CONGRESS.

THE COUNCIL beg leave to recommend to the MEMBERS of the ASSOCIATION, the following subjects, for their consideration, in order that they may be enabled to express opinions thereupon, at the approaching General Meeting:—

## I.—THE PERMANENT ORGANIZATION OF THE ASSOCIATION.

The Council submit to the Members of the Association, and to the Profession generally, that the permanent continuance of a body capable of advising and protecting individuals in the discharge of their duties, and maintenance of their rights, and suited both to watch over professional interests, and to be the channel of communication between individuals and the government, being very desirable, it might be advisable to seek for a charter for the Medical Association of Ireland, which should not confer any powers of educating or licensing, but should simply incorporate all qualified Members of the Profession who might choose to join, and enable them to act in a corporate capacity.

The Council also submit, that whether it be thought advisable to seek for such a charter or not, the following alterations in the organization of the Association should receive the consideration of the Members at the General Meeting:—

1. Instead of entrusting the organization entirely to District Associations, as referred to in the 6th resolution of the Congress of 1839, that the following plan should be adopted, viz.: That at the General Meeting, a gentleman should be appointed in each county, or riding, or large town, to act as Secretary for such district, through

whom the names and subscriptions of persons desirous of becoming Members of the Association, should be transmitted to the Central Council, and whose duty it should be to keep a list of the Members of the Association resident within his district, and to summon Meetings of said Members whenever directed by the Central Council, or required to do so by a Requisition signed by one-fourth of the whole number of such resident Members. That whenever the number of Members in any such District should amount to twenty, one-fourth of the Subscriptions paid by them to the Central Association, should be available for local purposes, such as printing, advertising, and other expenses of Meetings. That such Secretaries of Districts should be, ex officio, Members of the Central Council.

2. That the Subscription to the Association should, in future, be [ ]

3. That the Treasurer's Account of Receipts and Expenditure should be, at each yearly Congress, laid before the Meeting, and that no monies, applicable under the foregoing rule, to local purposes, should be paid in any other way than through the Treasurer of the Association, upon Vouchers furnished to him by the District Secretaries.

## II.—THE QUALIFICATION OF MEMBERS OF THE ASSOCIATION.

In consequence of several representations which have been made to the Council during the past year, they are desirous of ascertaining the wishes of the members generally, as to certain points with regard to the qualifications which should entitle persons to admission into the Association—the objects of the Association being—

1. To form a society for the protection of Medical Practitioners in all their just and legal rights:

2. To seek for a Legislative enactment giving a permanent constitution to the Profession, and directing a competent and uniform standard of Education, and an equality of privileges for all persons who shall, in future, be permitted to practise Medicine throughout the Empire; and—

3. To secure for the public, in future, the services of a scientific Apothecary, who shall be protected in the exercise of his Profession, and not engage in the Practice of Medicine:

The Council desire to ask—Is it the wish of the Members that the Council should be permitted, under special circumstances, to enrol in the Association, persons possessed of Medical Degrees or Diplomas, but who at present compound the prescriptions of others, as well as their own, such enrolment being understood as an assent to the above-mentioned objects?

## III.—PROTECTIVE MEASURES.

The Council submit to the Association the propriety of adopting the following measures:—

1. Petitions to Parliament for protection and support for the Medical Charities, and for their establishment on a secure and permanent footing—regard being had to the rights of the profession, as well as to the interests of the public. In connection with this subject, the following questions arise—Is it the wish of the Members that a Medical Charities Bill, which should provide efficient and wholesome control, as well as support, for the public institutions, should be sought for?—Should any board, formed under the provisions of such bill, be composed of non-professional, or partly or entirely of professional persons?—Is it considered desirable that the funds for the support of charities should be supplied, as at present, by Grand Jury presentments; or as a poor-rate, and under the controul of the Poor-Law Commissioners; or in what other mode?

2. Petitions to Parliament for suitable remuneration to medical men when called upon to perform public services in courts of justice.

3. Petitions to Parliament, praying for attention to the neglected subject of Medical Police, and for encouragement to medical men disposed to engage in the investigation of all matters concerning the public health.

4. Instructions to the Council to promote, by all means in their power, the attainment of the foregoing objects.



IV.—PLANS OF GENERAL MEDICAL REFORM.

The Council are desirous of ascertaining the sentiments of the members upon the various projects for Medical Reform, which may be shortly classified as follows:—

1. The establishment, by law, of one Faculty, having three branches, one in each of the capitals of the Empire; such Faculty to include all Practitioners in Medicine, both Physicians and Surgeons: each Branch to be governed by a Representative Council, elected periodically by, and out of, the whole body of the Faculty in each Kingdom. The Councils to have the power of making regulations for the government of the Profession, and also of admitting Members: no person being permitted to practise without being examined and licensed as a Member of the Faculty. The regulations of the three Councils to be similar and uniform, general conferences being, from time to time, held in order to preserve uniformity. This 'One Faculty' plan contemplates the establishment of a class of scientific Apothecaries to be examined and licensed as such under the direction of the Councils; also, that no Practitioner "shall be permitted to sell drugs, or to compound medicines, unless prescribed by himself, or by others in consultation with him, and for his own patients, except in rural districts, and by special license." Mr. Donovan's proposal for establishing a College of Pharmacy, might, with some modifications, be made to coincide with this portion of the 'One Faculty' plan.

2. The effecting, in the first instance, of Educational Reform, by the establishment, by law, of Three Boards, which, alone, should have the power of Examining and Licensing Medical Practitioners—thus superseding the bodies (eighteen in number,) which at present grant Degrees, Diplomas, or Licenses in the Medical Art. The appointment of such Board should be in one of three ways—either by nomination by the Crown—election by the Profession at large—or selection by the Crown from names returned by the profession. This plan is intended to have the effect of ensuring a sound and uniform minimum of Education, without which no person should be permitted to practise; but it does not contemplate any governing or protective institution.

3. A third plan of Reform contemplates the continuance of the present corporations as Examining Bodies; but that they should be placed under the supervision of a Board of Control, empowered to superintend their operations and oblige them to preserve uniformity in their examinations, and other modes of ascertaining the qualifications of persons seeking for their degrees or diplomas. That such Board of Control should not, itself, examine Candidates, but should grant licenses to practise to those already examined by one or other of the Existing Corporations. That the license of the Board should be obtained upon a mere production and verification of a Certificate, or Certificates, of qualification from one or more of the Existing Examining Bodies: but that without such license from the Board of Control, no person should be permitted to practise medicine within the British Dominions. The appointment of the Board of Control might be made in one or other of the three ways, pointed out as applicable to the appointment of the Examining Board, contemplated in plan 2. These three plans, the Council have reason to believe, express the principles of the only feasible projects for Medical Reform at present in agitation; they are now submitted to the consideration of the Association at large, without observation upon their respective merits.

The Council entreat the attention of the Members to the foregoing subjects for their consideration, upon which they will be required to express opinions upon the 27th of May.

They also request that gentlemen, who may attend as Deputies, will bring with them lists of all persons, in their several districts, willing to join the Association: and that they will also be prepared to propose to the meeting the name of some individual who may be willing to act as Local Secretary for the ensuing year.

MEDICAL INTELLIGENCE.

HOUSE OF COMMONS.—MAY 4.

Mr. FRENCH inquired if it was intended to renew the committee on medical science?

Mr. F. MAULE said that was a motion which was under the consideration of the honourable member for Bridport. As that hon. member was not present, he (Mr. Maule) could not answer the question.

Petitions were presented in favour of medical reform, from the medical practitioners of Wexford, and from the students of the University of Edinburgh.

HOUSE OF LORDS.—MAY 7.

The Bishop of EXETER presented a petition from the Kidderminster and Bewdley medical society, in favour of Medical reform.

Lord ELLENBOROUGH moved for a return of the number of persons reported to the Registrar General, to have died of small pox in the year 1839.

HOUSE OF COMMONS.—MAY 7.

Lord DUNGANNON presented a petition from Durham, in favour of medical reform.

Sir James Pitcairn's departure from Cork for London on the 1st inst., is preparatory to his appointment as chief of the medical department in Ireland, vice Dr. Renny, the Director-General, who, as well as Dr. Peile, are about retiring on full-pay.—*Southern Reporter*.

The following resolution has been passed by the grand jury of the county of Antrim:—

"It having appeared to the grand jury that magistrates have been in the habit of ordering excessive fees to be paid to medical witnesses, on the occasion of their attendance at inquests, the grand jury consider it proper to recommend that a fee, not exceeding one guinea, shall be ordered to be paid to such medical witnesses, in cases where a post-mortem examination has not been necessary, and in cases where a post-mortem examination has been necessary, and accordingly had, that a fee not exceeding two guineas, shall on each occasion be ordered to them."

HOUSE OF COMMONS.—MAY 8.

Sir J. POLLEN presented a petition from Andover, praying for medical reform.

LONDON UNIVERSITY.—The vote of £5418 for the London University was postponed, chiefly on the grounds of the salaries of the medical examiners being too high. Mr. Warburton thought £200 a year for classical and mathematical examiners was not excessive, but £100 would be sufficient remuneration for a medical examiner.

POOR-LAW INTELLIGENCE.

CORK UNION.—At the meeting of the board on Monday, May 4, a question arose as to the quality of the rations to be allowed to the apothecary, when it was decided, *unâ voce*, that the functionary in question was entitled to "bachelor's allowance," viz., one pint of milk and twelve ounces of bread per day. It is to be recollected that there is also attached to the office the munificent salary of £30 per annum. Certain of the guardians were of opinion that these easements and benefits were not likely to procure effective officers for the service of the union; but Mr. Voules thought such a discussion "most unwise, and most impolitic," as being likely to "spur up Mr. Gardiner, the apothecary, to discontent and mutiny." He (Mr. V.) considered "that a due scale of remuneration had been fixed." We should like to know why the same means of ascertaining what is to be consi-



dered as due remuneration—viz., public competition, should not be applied to the office of poor-law commissioner. We are very sure that such a step would be attended with considerable saving to the country. The discussion terminated by the passing of a resolution, awarding to Mr. Gardiner £30 a year additional, in lieu of lodging and rations.

#### RATING PROFITS ACCRUING FROM THE USE OF PUBLIC BUILDINGS.

The clerk read the replies from Dr. Bullen, making a return of his fees from pupils attending the North Infirmary, amounting to £46; from the South Infirmary, from Dr. McEvers, with his returns, to £8. 8s.; from Dr. J. R. Harvey, £24. 3s.; and stated that Dr. Woodroffe declined to make any other reply than verbally that he had no profit.

Mr. Hayes said it was as well known that Dr. Woodroffe had pupils, or scholars, at the South Infirmary, as that other doctors had them at the North; and, as the 63d section rendered such parties liable to rating for profits or fees accruing out of the use of public buildings, he moved that Dr. Woodroffe be entered on the rate-book of the board, as an occupier to the extent of £100. To escape this rate he must become an appellant at law, and he would then be obliged to do what he now refused—to make a return—and would be liable to the rate on that return.

Agreed to.

#### TO CORRESPONDENTS.

*We are again obliged to apologise for sundry omissions from want of space.*

*Gentlemen in arrears are requested to forward their subscriptions. A bank note or a half sovereign can be forwarded in a prepaid letter, for one penny.*

#### MEDICAL ASSOCIATION OF IRELAND.

The GENERAL MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE GREEN, DUBLIN, on WEDNESDAY, the 27th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'clock precisely.

Gentlemen will be required to produce, at the door, their Cards of Admission, as Members of the Association.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'clock, precisely.

DINNER TICKETS, Price Fifteen Shillings each, to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day between the hours of Ten and Four o'clock; or from the Stewards, Mr. F. WHITE, Dr. MACDONNELL, and Dr. BELLINGHAM.

Members who intend to Dine, are particularly requested to take their Tickets on or before Monday, the 25th instant.

By order of the Council.

H. MAUNSELL, Secretary.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 13, 1840.

#### CONTINUED ATTEMPT TO RETARD THE PROGRESS OF REFORM BY FALSEHOOD AND SLANDER.

The *Lancet* of May the 2d contains another libel on the Editors of this Journal, and the advocates of reform—not dated, as the former one, from the MEDICAL CLUB, but obviously emanating from the same source, if not from the same pen. The same number

of the *Lancet* contains the following notice:—"A letter having appeared in the *Lancet* of the 18th, dated UNITED MEDICAL CLUB, the committee of the club, without wishing to express any opinion on the subject-matter of such letter, feel it their duty to state, that they do not feel themselves responsible for any sentiments expressed by any individual members of the club, in letters which may be so dated." How far the profession and the public will feel inclined to accept this as a disclaimer of these slanderous productions, remains to be ascertained.

Our limits do not permit us to give this characteristic document at length. Our readers must, therefore, be content with a few of the more elegant passages. In denouncing us they speak of "that reforming party, at the head of which are Messrs. Jacob, Maunsell, Porter, and all the tag-rag and bobtail of the college school." "Hatched in corruption, though they still linger about the dunghill that gave them birth." "Robber-pirates who, under false colours, would ply their buccaneer trade from the self-same motives that animate robbers and pirates." "Worse than the worst of Tories, for they may be honest." Truly, if patrons are to be propitiated by such incense as this, we cannot afford to compliment them on their good taste. The following letter from Dr. Jacob will enable our readers to comprehend the bearing of the question at issue:—

#### TO THE LICENTIATES OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

GENTLEMEN,—I take the liberty of addressing you, in consequence of an anonymous letter, which appears in the *Lancet* of May the 2d, containing grossly-false statements respecting the course pursued by me and others on a late occasion in the College of Surgeons. If this document was merely one of the usual attacks on character, which have emanated from the same source, I should not have taken the trouble of noticing it; but calculated as it is to mislead you as to matters of some importance to your interests, I venture to claim your attention for a few minutes. You must know that a proposal was lately made in the college, to alter the present objectionable laws which regulate the admission of members—laws, by the way, which the persons who caused their enactment have had the effrontery to attribute to me, when they found they were obnoxious. It was proposed that, instead of the present fee, period of probation, and mode of ballot, the candidate for admission should pay twenty guineas only, be eligible in three years from the date of his licence, and be elected by a simple majority, instead of two-thirds of the members attending. To all this I not only cordially assented, but I determined to seize the opportunity of testing the sincerity of certain gentlemen, who, for years, have been trading on assertions of their liberality, and to ascertain whether they were really inclined to allow the great body of licentiates to participate in the management of the institution. I, in common with many others, suspected, what the event has proved to be the fact, that the real object contemplated by them was such an alteration of the law as would secure the admission of certain gentlemen resident in Dublin, attached to certain particular interests, and pledged to certain contemplated measures, but not such an alteration as would enable all those licentiates who wished it to partake of the advantages enjoyed by the members. When, therefore, it was moved that licentiates should be admitted in three years from the date of their diplomas, an amendment was put that no such period of probation should be insisted on, it being the right of every licentiate to be proposed whenever he considered it probable that he should be elected. In favour of this amendment, I



argued as I now do—that the charter never contemplated any such thing as disabling a licentiate from becoming a member for any specified period—that such was not the practice at first, and that cases had occurred, and might again occur, where the refusal to allow a licentiate to be proposed as member might prove most detrimental to his professional interests. The question was not, I insisted, whether it was expedient to subject a licentiate to a specified period of probation, as such, before electing him a member; but whether it was lawful to do so under the present charter: and whatever may be said to the contrary, by either lawyers or others, I am convinced that the licentiate now enjoys the right to be proposed as a member, and submitted to an election, without serving any such period of probation. The fictitious advocates of liberal measures, however, resisted the amendment, but were signally defeated, not having, if I rightly recollect, more than half-a-dozen to support them; being compelled to vote against the measure they themselves introduced, because it went beyond the bounds they contemplated for the purposes they had in view. They would, indeed, permit any gentleman who had been a licentiate for three years to be proposed as a member, but under no circumstances would they allow one of two years' standing to be elected, especially just now, however pressing the necessity might be, or however sacred his right to the privilege.

It was next proposed that the fee to be paid for admission should be reduced to twenty guineas. To this, I proposed as an amendment, that those in Dublin should pay twenty guineas, and those in the country ten only; arguing, as I think, any just and candid man would, that the advantages of access to the College on all occasions, with the daily use of the library and museum, was amply equivalent to the difference in the sum. This, however, was also resisted by the same party, and upon what grounds? You will scarcely believe it, that the reason assigned for the objection, was, that such a measure would facilitate the admission of country licentiates, who would, it was said, be ready at all times to come up to support corrupt measures at the instigation of influential persons. I am, however, happy to have it in my power to say, that the imputation was received with the reprehension it deserved, and on another division, they were again defeated, and again compelled to vote against the spirit of their own measure, because the amount of the concession exceeded that which they required for the purposes they contemplated.

Thirdly, it was proposed, that the election by ballot should be so conducted, that if a simple majority voted for the candidate, he should be admitted instead of requiring two thirds as at present. To this, I proposed as an amendment, that the ballot should be dispensed with altogether, and the election conducted by open vote. This I did on the firmest conviction derived from experience of its unjust and injurious operation. I argued, that however it might be necessary to resort to such a contrivance to preserve unanimity in a common club, it was an arrogant usurpation on the part of any one set of men in our profession to sit in judgment on the characters of another class, and in such a way to determine whether or not they should enjoy equality of rights. A man, it is assumed, is without restraint or inquiry to be permitted to become one of the body of licentiates of the College, but, if he proposes to join the more select body of members, he is to be subjected to a rigid and searching scrutiny. His character is to be investigated, his morals ascertained, his honour questioned, his honesty impugned, and even his religion and politics subjected to discussion. And how is this to be effected? not by open inquiry, straight forward accu-

sation, and impartial judgment, but by an anonymous verdict, had without visible accusers, tangible charges, or creditable evidence. I denounced the contrivance then and there as I now do, and designated it as an unjust and invidious proceeding, fraught with evil and unaccompanied by good. In reply, it was urged that it was necessary in order to keep out "*objectionable*" persons, but I really cannot see the necessity of it for such a purpose, neither do I believe it would prove effectual if necessary. On looking over the list of the licentiates, I cannot discover these "*objectionable*" characters, which demand such a provision for their exclusion, and on contrasting that list with the list of members, I am not at all satisfied that the latter presents any very particular superiority. The proposal was, however, like the two preceding ones resisted to the last, and on a division, the advocates of these pretended measures to open the College, were again compelled to prove their insincerity, and were a third time defeated on a division.

I had now, after a protracted discussion of nearly three months, and in the teeth of the opposition to which I have alluded, succeeded in conducting a measure to its last stage, by which the licentiates were to have been allowed to seek admission as members, without period of probation, on a simple open vote, and on payment by those in the metropolis of twenty guineas, and those in the country of ten. How, and by whom was this measure defeated? No sooner had it arrived at this stage, than one of these professors of liberality handed in a notice that he would move that the proposed law should be recommitted, while another moved, that a case should be submitted to counsel, to ascertain whether these facilities for the admission of members could be legally adopted. The case for counsel was drawn up on the spot, and the College adjourned. At the next meeting, however, a totally different case with a corresponding opinion adverse to the proposed change was produced, and the motion to recommit the law being pressed, it became obviously useless to attempt proceeding with the measure against a vexatious opposition determined to defeat it by such proceedings; and so the matter dropped.

After all this, the anonymous letter, to which I have alluded, appeared in the *Lancet*, accusing me and others of having defeated a most liberal and comprehensive measure for opening the College, and facilitating the admission of licentiates as members. I will not, for a moment, condescend to notice the falsehoods and scurrility contained in that letter, but confine myself to the charge which it contains. I am accused of endeavouring to prevent you from becoming members of the College. Consider for one moment, and then say whether or not such a charge is probable. Why should I? Have I any reason to be enamoured of the present government of the institution? Why should I prefer appealing to two or three dozen of men, instead of two or three hundred? Have I hitherto been a silent intriguer, or a cautious tactician, relying on the support of a narrow-minded oligarchy, and fearing numbers and intelligence? No, gentlemen, it is as much my interest as it is my desire to see you all in the full enjoyment of your undoubted right—to participate in the management of the institution from which you derive your professional character. Fortunately, I have put this on record. In a speech delivered by me on the 13th of last June, and reported in the 24th number of the *MEDICAL PRESS*, I proposed, what I now again assert should be effected—that the present charter should be surrendered, and a new one obtained, by which every licentiate should enjoy the title and rights of a member, and the odious division of the College into two classes be for ever abolished. This plan, said I,



"would enable the College to allow more extended rights and privileges to the body at large, especially that one which every man claimed, and which was scarcely denied to the humblest—the right of suffrage—a voice in the election of those who were to govern them and regulate their affairs. By this, *all present and future licentiates*, of course including those not now of the College, but proposed to be admitted, *would become members*, with powers to hold and call general meetings, and debate and pass resolutions expressive of their feelings and wishes." But why was this proposal rejected, and the attempted measure defeated? Because I asked that your brethren of the other Colleges, practising in Ireland, should be associated with you in this remodelled institution, and allowed to participate in any advantages which might result from the change. And by what means was it defeated? By the secret intrigues, misrepresentations, and *ex-parte* statements of the very set from whom this letter in the *Lancet* emanates, a set composed of about a dozen Dublin licentiates, wanting to force themselves into the College, and then pull the door after them, and about as many members who know and feel that by opening the institution their undeserved importance would be at once destroyed. Gentlemen, I entreat of you to examine these facts, and contrast them with the statements you have heard elsewhere. It is high time that you should think for yourselves, and treat, as they deserve, the attempts which are making to impose on you.

Before I conclude, I must, however, say, that Dr. Murphy, the gentleman who actually proposed the alterations in the laws of the College, was really anxious to see them passed into a law, and I hope and believe that if he had not been restrained, he would have voted for the amendments. He should, however, have recollected that the support he received was sufficient to cause the defeat of any proposal, however just or expedient.

I remain, Gentlemen, your very sincere friend, and humble servant,

A. JACOB.

#### A NEW DEVICE FOR PLUNDERING MEDICAL MEN.

UNDER the head 'Poor-Law Intelligence,' our readers will find evidence that the metropolitan hospital surgeons are not likely to escape the general plunder. Of course the fees received from apprentices will be rated among the other profits derived from hospital appointments.

#### THE MEDICAL CHARITIES.

A rumour has reached us, from many quarters, that some measure is on the tapis, having, for its object, the consigning of the whole of the medical charitable institutions of Ireland into the hands of the poor-law commissioners. We have not been able to learn the precise grounds for this report; but, we have reason to believe, that it is not without foundation. Whatever the design contemplated may be, it is kept very secret—a circumstance of itself sufficient to create suspicion and distrust. It is said that no distinct bill is intended to be introduced; but that in the course of any amendment of the poor relief act, which may be brought forward during the session, a clause or two will be quietly added giving the commissioners full authority over the hospitals, infirmaries, and dispensaries throughout the country. It is hoped by some that the few foundation hospitals of Dublin may escape; we would not, however, advise those interested in them to be over confident. A ready argument for interference with them is fur-

nished in the fact, that they were designed by their founders for the use of the "poor"—those are "poor" whom the poor-law commissioners or boards of guardians may determine to be such, and in deciding upon who are to be admitted to the benefits of such institutions, a jurisdiction, superior to that of the special governors may, without much violence, be attributed to, and exercised by, the former authorities. We do not mean to say that this argument is conclusive; but it is one possessed of force, and furnishes abundant reason for those interested in the foundation charities to put themselves in the same boat with their provincial brethren. We shall not lose sight of this subject.

#### MIDLAND MEDICAL UNION.

We gladly direct the attention of our readers to the resolutions of this union. We have no doubt that the ambulatory plan adopted by it will be attended with the best effects. We hope soon to see other districts, for example Clare and Limerick, adopting a similar organization.

#### MERCER'S HOSPITAL.

On Saturday last, Mr. La Touche applied, on the part of the Governors, to the Court of Queen's Bench, to direct the city grand jury to present a sum of £100 for this hospital. The grand jury had presented £70, and the learned gentleman contended that, under the 5 Geo. III., c. 20, they were bound, in every Trinity Term, to present a sum not exceeding £150, and not less than £75.

Mr. Justice Perrin—But this is not Trinity Term, (loud laughter.)

Mr. La Touch said some change must have been made by a subsequent act.

Mr. Justice Perrin—Then find out that act for me.

[The 5 and 6 Geo. III., c. 20, gave the grand jury power to present a sum not exceeding £50 each, for Mercer's Hospital, the Charitable Infirmary, and the Incurable Hospital.—ED. M. P.]

#### PROMOTIONS.

NAVAL.—Assistant-Surgeons—Mr. Rogers to the Victory, for service of the Surprise. T. Brent to the Britannia.

MILITARY.—79th Foot—J. Anderson, M.D., to be Assistant-Surgeon, vice D. MacLachlan, who retires on half-pay.

CHELSEA HOSPITAL.—Assistant-Surgeon, D. MacLachlan, M.D., to be Surgeon, vice Somerville, who designs.

CIVIL.—Drs. Watson and Sharpey have been elected examiners of the London University, in the room of Drs. Tweedie and Todd.

James Rowan, Esq., to be Medical Attendant to the House of Correction, Belfast, in the room of John Wales, Esq., deceased.

S. R. Biggs, M.D., to the Fethard Dispensary.

#### OBITUARY.

Of fever, Dr. Gallagher, medical superintendent of the Castletown-Belvin Dispensary.

We are sincerely grieved to record in this publication, the premature and melancholy decease of a young and talented townsman, Surgeon Hurst, who departed this life at an early hour on the morning of the 27th ult. In every circle of society he charmed around him the feelings and the affections of those he associ-



ated with, and it might be said, he claimed a home in the heart of every one who knew him intimately—talent of no ordinary description had marked his career in early life, and he carried his touchstone of future success with unceasing industry through the years in which he sought after his medical honours, and to our knowledge, he has been, for the last few months, marked out by the gentry of the Monaghan poor-law union, and by the approbation of a majority of the guardians, for filling the honourable situation of medical attendant to the poorhouse of the district. He had concluded his studies, but desiring to do credit to their selection, was seeking after additional testimonials of professional respectability in Dublin, where, from assiduities of so unremitting and severe a description, he was seized with cough and other symptoms of pulmonary consumption, which, too quickly proved fatal. In his death, a widowed parent has been deprived (in God's inscrutable ways,) of a tender and affectionate son, and the other members of his attached family of a high-spirited and creditable relative—the society in which he moved of one of its brightest graces—the medical profession of an honourable and intellectual member—and the town and neighbourhood of Monaghan of one who would have gathered the laurels of professional success, with the feelings of a gentleman.—*Northern Standard, Monaghan.*

#### MORTALITY OF LONDON,

FOR THE WEEK ENDING, 2d MAY, 1840.

Age.—0 to 15, 380; 15 to 60, 304; 60, and upwards, 168.—Total, 853.\* Males, 459; females, 394.  
\* Age of one person not stated.

#### REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	May 3d,	72	47	30.200	
Monday	4th,	72	51.5	30.150	
Tuesday	5th,	73.5	48	30.012	
Wednesday	6th,	69	44	29.850	
Thursday	7th,	63	48	29.630	.420
Friday	8th,	60	48.5	29.600	.450
Saturday	9th,	61	50	29.526	.5

JOHN MILLIKIN,  
CUTLER, AND SURGEONS' INSTRUMENT  
MAKER,

12, GRAFTON-STREET,

BEGS to call the Attention of the PROFESSION to his ESTABLISHMENT, and hopes to merit a continuance of their favours, by the same care, attention, and diligence that has hitherto characterised him.

J. M. has just finished some UVULATOMES of a very superior and ingenious construction.

#### SOUTH TIPPERARY MEDICAL ASSOCIATION.

The MEMBERS of this ASSOCIATION are requested to take notice that the ANNUAL MEETING will be held at the GREAT GLOBE HOTEL, CLONMEL, on MONDAY, the 18th instant, at the hour of TWO o'Clock, precisely, for the purpose of ELECTING OFFICERS for the ensuing year, appointing Deputies to attend the approaching CONGRESS, paying up the Annual Subscriptions, and transacting other Business of importance.

JOHN F. PURCELL, Secretary.  
Carrick-on-Suir, May 11, 1840.

#### DISPENSARY.

THE GOVERNORS of the MANOR CUNNINGHAM DISPENSARY, will meet on TUESDAY, the 19th of MAY, to Elect a MEDICAL SUPERINTENDENT; in which Election they will be guided by the Qualifications and Character alone.

Candidates must have their Testimonials forwarded (prepaid) to JOHN BEERS, Esq., on or before MONDAY the 18th.

#### THE MIDLAND MEDICAL UNION.

AT A MEETING, held at the COURT-HOUSE, PARSONSTOWN, MAY 5, 1840, DR. JACOB, Maryborough, in the Chair—it was resolved—

I.—That in order to maintain the independence of the Medical Profession, and to secure to it that protection from the Government, the legislature, and the public, to which it is so justly entitled, it is necessary to form a union of its members, and that in accordance with this view, a permanent union of the Medical Practitioners of this part of Ireland be now formed, to be denominated—"The Midland Medical Union."

II.—That the objects of the Society shall be, to co-operate and communicate with the Central Metropolitan Association of Ireland—to promote a more general personal acquaintance and intimacy among the Members of the Profession than at present exists—to effect an amicable arrangement of disagreements among its members—to defend and support their rights, privileges, and interests, and to communicate such observations, as may prove interesting to the Profession.

III.—That all legally-qualified Physicians or Surgeons, on producing their degrees or diplomas, and Medical Officers of the Army and Navy, shall be eligible as Members.

IV.—That the following Practitioners be enrolled as Members of this Association, viz.:—Drs. Kingsley, Roscrea; Jacob, Maryborough; Waters, Baker, and Keenan, Parsonstown; Walsh, Clara; Bird, Banagher; Cooke, Frankford; Shortt, Kinnitty; Fry, Ferbane; Croly, Mt.-Mellick; Stoney, Burrisokane; Kennedy, Rathdowney; and Forsyth, Templemore. Admission by ballot after this date, a majority of black beans excluding.

V.—That the Society shall meet Quarterly, at Parsonstown, Roscrea, Maryborough, Tullamore, or such other places as may, at any time, suit the convenience of the members.

The next meeting to be held at Tullamore, on the second day of the crown business of the Summer Assizes.

VI.—That Dr. Kingsley be appointed President, and Dr. Waters Secretary and Treasurer for the ensuing year.

VII.—That Drs. Kingsley and Waters be appointed Delegates to represent this Society at the approaching Anniversary Meeting of the Medical Association of Ireland. Such other Members as may be present at the Meeting to form part of the delegation.

VIII.—That the thanks of the Meeting be given to the Council of the Medical Association of Ireland for their indefatigable exertions on behalf of the medical practitioners of Ireland.

IX.—That the thanks of this Meeting be eminently due to the Editors of the MEDICAL PRESS, for their able and unceasing advocacy of the rights and interests of the Profession; and the Members, here present, take this opportunity of expressing their great regret that Dr. Jacob should have been removed from the Secretaryship of the College of Surgeons, which he was so well qualified to fill, possessing, as he does, their entire confidence.

X.—That Drs. Kingsley, Waters, Baker, Keenan, and Cooke, do form a Committee to frame Bye-Laws for the management of this Society.

(Signed) JOHN JACOB, Chairman.

J. WATERS, Secretary.

Proposed—That Dr. Jacob do leave, and Dr. Kingsley do take, the chair.

Resolved—That the thanks of the Meeting be given to Dr. Jacob for his proper conduct in the chair.

WM. KINGSLEY, Chairman.

J. WATERS, Secretary.

P.S.—Such Gentlemen as intend becoming Members of this Association, are requested to signify their wishes to the Secretary.



On the 15th ultimo, was published, Vol. I. of  
**THE LIBRARY OF MEDICINE:**

Comprised in a Series of Original Dissertations.

Arranged and Edited by ALEXANDER TWEEDIE, M.D., F.R.S.,

Fellow of the Royal College of Physicians; Physician to the London Fever Hospital, and to the Foundling Hospital, &c.

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## LECTURES ON SURGERY,

NOW IN COURSE OF DELIVERY AT THE ROYAL COLLEGE  
OF SURGEONS IN IRELAND,

By W. H. PORTER, Esq., one of the Professors of Surgery in the College.

### LECTURE XVI.—MORTIFICATION.

ALTHOUGH the best marked forms of dry or chronic gangrene, met with in this country, are generally observed in persons advanced in years, yet it by no means follows that the affection is peculiar to that class; for as it sometimes follows on fever—is sometimes produced by intense cold—and may occasionally be the result of the use of certain articles of improper and unwholesome food, it is obvious that persons of any age exposed to the influence of any of these exciting causes may become the subjects of the disease. This will, of itself, be sufficient to create considerable variety in the progress and phenomena of chronic mortification, but I think it is influenced or modified in a still more remarkable degree by its apparently exciting cause. Thus the gangrene of old persons, which generally attacks the toes and feet, is in the great majority of instances, constitutional in its origin, commences at one spot, from which it spreads, until its work of destruction is completed; and although infinitely less humid than the acute species, is not in every instance perfectly and entirely dry. The frost-bite, occasioned by exposure to excessive cold, on the contrary, affects the entire part that is to be lost at once, which becomes at first white, shrunken in size, and as if no blood circulated through its vessels, though afterwards it turns black, becomes very hard and dry, and when separated, greatly resembles a portion of a limb dried and prepared by art. The mortification induced by the use of the ergot, or cockspur of rye, I know nothing of personally; but from its description should suppose it to

hold a middle place between the two, being not so dry and shrivelled as the frost-bite, nor so moist as some cases of the gangrene of old persons. Now that the malignant effects of the diseased rye are pretty generally known, it is not likely we shall meet with any cases of this latter disease; and as frost-bite is very uncommon in this country, I shall direct your attention, first, to the disease you will be most frequently called upon to attend.

This, now familiarly known by the name of Pott's gangrene, in consequence of the admirable description of it left us by that celebrated surgeon, appears to be a spontaneous mortification, not preceded by inflammation or suppuration, and in which the part seems to die from an insufficient arterial circulation. It occurs, as I have said, and as might be anticipated, in old persons, being rarely met with in an individual under the age of sixty—is said to prevail more amongst men than women, although I know not how true this observation is, having seen a great many cases among females—and attacks those who have indulged in eating, rather than great drinkers, a circumstance which will account for its greater frequency among the better classes. It is generally idiopathic, but the sufferer attributes the occurrence to some trifling injury, real or supposed, such as the pinching of a shoe, or the cutting of a corn too closely, and commences, most frequently on the inside of the little toe in the form of a small vesication of a dark, purpleish blue colour, which soon breaks and discovers the skin underneath of a dark-brown tint, which soon changes to black. From this spot, the mortification spreads with a greater or less degree of rapidity, but in general the progress is slow. The pain, too, is not equally severe in every case, being in some excessively acute, in others scarcely complained of. I think the pain is usually greatest in the cases that spread quickly. Around the mortified spot there is a deep, dark-red blush of



inflammation, which resembles a line of separation, but does not limit the disease nevertheless; for in this, as in the humid gangrene, there is no safety until a border of suppuration is established between the living and dead structures. In this way the disease proceeds until a certain portion of the extremity is lost, when, if the patient survives, the process of separation goes on sluggishly and slowly, and he may eventually recover; but in a severe case, the contrary generally takes place, and worn with pain and irritation he dies completely exhausted.

The constitution seems to suffer very little, considering the nature of the local attack and it is in this respect that the humid and the dry forms of mortification exhibit the most remarkable differences. In the one the system sympathises most intensely with the death of even a small part—in the other, destruction to a very considerable extent may take place with comparatively trifling constitutional derangement.—

When there is any febrile excitement, it is usually of the irritative kind—the pulse is quick, hard, wiry, and weak—the tongue red and very dry—and there is often thirst, loss of appetite, and headache—but in appreciating the importance of these symptoms we must always consider and make allowance for the medicines that have been employed, for I have no doubt I have seen them all produced by an inconsiderate use of opium, the medicine most frequently prescribed in this disease. When it is about to have a fatal termination, the patient sinks into a low and typhoid state. The tongue becomes brown and chapped—the teeth covered with sordes—the pulse low, fluttering, and intermittent—there is muttering delirium—and he dies comatose.

If it be essential to understand the pathology of every disease, in order to establish a rational and scientific practice, it is of the utmost importance here; for not only will it assist us, as on any ordinary occasion, but it may enable us to select between two propositions, which, though opposite, and nearly contradictory, are each supported by respectable authority. Of the probable exciting cause of this disease, Mr. Pott says absolutely nothing: indeed throughout his entire works, his remarks are essentially practical; and, while he lays down the treatment of any affection, he seldom undertakes to explain the principle on which it is founded. Quesnai, in a treatise, published before the time of Mr. Pott, gives a very accurate description of the symptoms and progress of dry gangrene, but still does not attempt to explain its exciting cause: he only says that it is preceded by a kind of inflammation, which terminates so rapidly in gangrene, that there is no time for the production of suppuration, which alone can set limits to the mortification, and satisfy us of the existence of a sufficient action to maintain the vitality and functions of these vessels. In this passage he certainly does not directly attribute the gangrene to a weakness or deficiency of the arterial circulation; but it appears that his mind dwelt on such a condition of the system as having some intimate connexion with the disease. Cowper, the celebrated anatomist, was the first to observe any relation between the ossification, as it is termed, of the arteries and the occurrence of dry gangrene; and, although he went no farther than the publication of a single case, yet the idea was adopted and maintained by several afterwards, quite unmindful of the fact, that as the arteries of almost all aged persons are thus degenerated, whilst mortification occurs but in few, the coincidence, in any given case, must be regarded as accidental. But the most important pathological doctrine, hitherto brought forward on this subject, is that of Baron Dupuytren—important, because if believed and adopted, it must lead to a line of treatment different from that which has been

hitherto followed. He regarded the gangrene only as a symptom or a consequence, whilst the real disease was inflammation of the arterial trunks, which inflammation caused the blood to stop and become coagulated in them, and thus prevented the approach of good and nutrient blood: hence the intense coldness of the limb—its shrivelled appearance, and the diminution of its size, and, eventually, the death of the part. In support of this view he says, that in the majority of cases, the gangrene is preceded by pains, sometimes very acute fever, and other symptoms which indicate inflammation: that the pulse in the part is imperceptible, and even ceases altogether, that in the direction of the artery a hard round cord is felt; and, finally, that dissection after death always demonstrates the existence of inflammation in the coats of the arteries.

Now, notwithstanding the high authority of this justly-celebrated surgeon, and farther, that of Cruveilhier, who makes the essential character of commencing arteritis to be the coagulation of the blood within the vessel, I still doubt that this is the true pathological explanation of the disease. In the first place, it has not been proved to my satisfaction that blood does not circulate through an inflamed artery: no doubt, after death, every inflamed and every dilated artery (I mean dilated by disease within itself,) contains a coagulum of blood; but this, by no means, proves that the blood did not circulate through it during life—it only proves that the weakened and dilated vessel was not able to expel the blood, and it remained within it just as it would in a vein. In a very remarkable case that occurred in the Meath Hospital, and which, by the way, bears strongly on this point, as the inflammation of the artery was complicated with a gangrene of the toes and feet, the femoral artery which was enlarged to triple its usual diameter, was found after death filled with a coagulum; but, during life, the blood, unquestionably, circulated through it—the motion imparting to the finger the sensation of a weak and indistinct thrill like that felt on touching the course of the urethra while the urine is passing.

But it may be said that this observation has reference to a distant trunk, whereas it is to the vessels in the immediate vicinity of the mortification, that Dupuytren alludes to: it may be so, but I cannot assent to the correctness of the position in this respect either. Every body knows that the vessels adjacent to a mortified spot contain coagula, the results of a preservative process of nature, without which a patient would bleed to death on the detachment of the slough; but this is very different from an inflammation producing these clots, and thereby killing a part by preventing the passage of nutrient blood into it. I imagine, therefore, that these coagula are the consequence, not the cause, of the mortification. But one pathological fact is worth a world of argument and speculation.

Many of you recollect the case of a man named James Graham, who was an inmate of the Meath Hospital last year, and remained in it above six months. During the progress of the gangrene in this individual, the ankle joint became destroyed, and the bones of the tarsus separated from those of the leg, leaving the foot attached only by the extensor tendons in front, and some skin, cellular tissue, and tendo Achillis behind, thus allowing the foot to shake at every the slightest motion of the patient, and causing the most excruciating pain. To remedy this, my friend, Mr. Rynd, divided these soft parts, and removed the foot; and after the incision, the posterior tibial artery bled. Here the vessel was quite near enough to the disease to have been filled with a coagulum, yet it was not: it exhibited no sensible mark or evidence of



inflammation, and it was necessary to apply a ligature to it just as to any other bleeding artery. Let me not be misunderstood as intending by these observations to prove that there is no connexion between an inflamed condition of the arteries and gangrene of the extremity: such could not be my intention because I have seen the fact frequently, and have already alluded to one case in the course of this present lecture; but I have strong doubts of its being the exciting cause of that languid, chronic affection, known in this country by the name of Pott's mortification, and if it is, it is only one cause, for I have satisfied myself that the disease can exist compatibly with an apparently normal state of the vessels.

When we reflect on the class of persons who suffer from this gangrene—on the manner in which it makes its appearance—the singular slowness of its progress, if not aggravated by a too-meddlesome interference—and the fact of its being unrestrained and uncontrolled by any treatment, either external or internal—it appears as if the disease was one of pure idiopathic debility, that the heart was unable to maintain the vigour and activity of the circulation in these remote parts, and that they died in consequence. This mortification is different from that which would occur, if the part was suddenly and completely deprived of blood: it might then be shrunk and shrivelled as in the case of frost-bite, but the part engaged would die at once; whilst here the part is not bloodless, it is only that the fluid circulates too languidly through it, and it dies first where that weakness and insufficiency must be most sensibly felt, namely, at the point most remote from the centre of the circulation. From this it proceeds gradually and slowly, until that portion of the extremity which cannot be nourished, dies: for as we know not when the disease is to make its appearance, or how it is produced, as certainly are we ignorant of the agency by which it is arrested. All, the commencement, the progress, the termination, seem to be the result of some deficiency of vital energy within the part, which in consequence slowly but progressively sinks and dies, until the portion of the limb in which such deficiency existed is lost, and then the disease stops spontaneously.

I have dwelt thus long on the pathology of this affection, because I think it of the utmost importance that you should have some defined well-understood object, towards which to direct your practice—more particularly, as the different pathological views I have laid down, would lead to opposite plans of treatment. If you adopt the opinions of Dupuytren, you must adopt his practice with them. It was actively antiphlogistic. He drew blood from the arm, even in a case where his patient was 71 years of age, used leeches, and other applications calculated to allay the inflammation of the arteries, and in the few cases he adduces in his *Leçons Orales*, (I think only two,) he was successful. He described our practice as inert or something worse, and certainly entertaining the opinions he did, it is no wonder that he should do so, and said, that he had tried it in vain for months, until his views of the subject were enlightened by pathological anatomy, and he was led to resort to a more successful practice. In short, in following the steps of this distinguished surgeon, you are not to regard the gangrene as the essential part of the disease, but only as a symptom occasioned by the inflammation of the arteries, and removable by the diminution or cessation of this primary morbid action.

Before we proceed farther, I think it necessary to remind you, that I have not denied the existence of mortification, in connexion with or produced by inflammation of the arteries; and therefore, when there is any grounds for suspicion of the existence of such a state, it should be anxiously sought for, and en-

quired into. I have not had sufficient experience to be able to point out any characters proper and peculiar to this kind of gangrene, so as to enable me to distinguish it at once, but I should suspect it, if I found the trunk of the artery manifestly enlarged and its pulsations weak and indistinct, or perhaps wanting altogether: if the mortification appears in a large patch from the commencement, and progresses rapidly; if it attacks the dorsum of the foot or some other situation than the toe: and more particularly, if there was pain and tenderness on pressure, along the line of the vessel. Dupuytren gives the following as the symptoms of arteritis tending to gangrene. In the case already alluded to, he stated, that a dull heavy pain had been previously felt in the iliac fossa of the same side, from whence it descended along the internal part of the thigh, then to the posterior part of the leg, and finally reached the sole of the foot and toes. He also spoke of the patient having been annoyed by cramps: and, in general, persons suffering from aneurism of the aorta, accompanied by inflammation, complain of pains in the back, stitches in the side, and spasms in different parts of the chest. Where gangrene is threatened, the temperature of the limb is diminished below the situation of the inflamed artery, and the coldness is felt to be increased in intensity as the examiner proceeds downwards, the sensibility being impaired exactly in the same proportion. On laying the finger over the course of the vessel, its pulsations are found to be weak, tremulous, and indistinct, the artery in its entire course, appearing to be converted into a hard incompressible cord.

In that chronic disease, which I recognise as Pott's gangrene, I certainly have seen blood drawn by leeches from the neighbourhood, but never by the lancet from the general system; and I cannot, at this moment, call to mind a single case in which they were obviously useful, although I know of many in which they did positive mischief, by causing the gangrene to spread, every leech-bite becoming a fresh nucleus of mortification. Now, this is a point which I could wish every one of you, according as opportunity may offer, to determine for yourselves, for to this day leeching is a favourite mode of treatment with many practitioners, and I have seen it employed by persons whose names would be almost sufficient to sanction any practice—for my own part, I have long since come to the conclusion already stated. Indeed, any one who regarded the disease in the light I have hitherto done, as one of pure idiopathic debility, would scarcely withdraw a drop of blood, or in anywise add to a state of weakness already sufficiently alarming. On the other hand, a line of practice which such a view would seem to warrant is found by experience to be equally prejudicial: thus stimulants, or anything that can irritate or excite, are extremely dangerous, and almost uniformly followed by a more rapid extension of the gangrene, but irritation of any kind is constantly succeeded by debility, and so, perhaps, in this case also. Practically, I have considered always that a certain portion of the body was to die, how much I knew not, but was conscious of my own inability to save the smallest part, and therefore endeavoured to place the patient in a condition to endure, until the process of destruction was completed. Thus I have striven to soothe the part by the application of warmth—of medicated stupes and fomentations, and occasionally, when the patient could bear the weight of them, with poultices, fermenting or otherwise. I have sought to support the constitution principally by a light and nutritive diet, avoiding all diffusible stimuli, unless in the most extreme cases, and then employing them with regret: and recollecting that the disease is a local one, inducing in the system a state rather of irritation, than of fever, I endeavoured to allay that



irritation, by every means in my power, both physical and moral—but principally by alleviating pain.

It was probably from its effects in this way that opium obtained the great character it holds in the treatment of this disease. It was first given by Mr. Pott solely for this purpose. He says "the pain in the foot and ankle was so great and so continued as totally to deprive the patient of sleep: on this account, and merely to procure some remission, I gave two grains of opium at night, which not having the desired effect, I repeated it the morning." He persevered in its use, and was gratified by the recovery of his patient; and although he seems to assign to it some specific efficacy like that supposed to be possessed by bark in other forms of mortification; yet, wherever he speaks of its effects, and the actual benefit derived from its use, it is always in the alleviation of the pain. Since his time it has been very generally used in the treatment of this disease with results very similar to those experienced by himself—some recovered, more died: that is, in some instances it so far moderated the irritation as to enable the patient to live until the work of partial destruction was completed, whilst in others, either the extent of parts to be lost was too large, or the process was too tedious, or the opium disagreed, as it does with several constitutions—or, by mismanagement, it was allowed to occasion headache, constipation of the bowels, or some other effect that rendered it necessary that its use should be discontinued; and then they sunk under this "nasty, painful, lingering, and destructive disorder." Opium, then, has no specific operation on this mortification—it can neither diminish action nor increase power; but as it assuages pain, it is more useful than the bark, which was supposed to possess these properties. As to this latter medicine, it is now seldom or never prescribed in this gangrene. It was first denounced as insufficient by Mr. Pott, in the same page in which he extolled opium, stating that he had given it the fullest and fairest trials, in every form and every preparation, applied externally or taken internally, alone or in combination, and the result was ever the same: in this mortification, which he regarded as *sui generis*, he had seldom if ever seen the bark successful.

Once the disease is formed, its progress is very variable: sometimes it proceeds with great rapidity, but far more frequently it is slow: occasionally it stops, or appears to stop, for a time, and then the work of destruction is renewed with more activity than ever: very often a slight blush of inflammation is formed around, like a line of separation, but the disease spreads nevertheless, nor is there any cessation until suppuration is established. When the sloughs are formed, they separate very slowly, and the different tissues come away at different periods. The cellular tissue comes off first—then the skin, which often hangs for several days attached by a few shreds to some part of the sore—the ligaments often give way before the tendons, leaving the bones loose and merely attached by these latter strictures—the bones often remain for months quite dead, spongy, and of a brown colour, like bones that had lain in the earth for some time, and they separate but very slowly. All this time the pain is probably very great; there is restlessness and privation of sleep; but the most distressing symptom, even to the patient himself, is the horrible, almost insupportable fœtor that exhales from the part. Now, in all this series of calamities, the surgeon can offer but little assistance; and I think the chief apprehension is lest he may attempt too much. He has no means of preventing the death of a part; and when it is dead, he should be careful not to interfere with the process of nature in throwing it off. Often have I seen a mortification that had stopped, again apparently set into activity by the division of an insensible

piece of skin or tendon. But cases will occur in which the surgeon cannot be quite so inert; a part may be so nearly separated as merely to hang by a few attachments, and its motions may occasion intolerable pain, or the fœtor may be absolutely insupportable, or the soft parts may have sloughed, leaving the bones of the leg dead and protruding from the centre of the sore. In these cases I think it justifiable to remove the offending parts with the utmost gentleness and care, and yet I should have some apprehension in doing so, as I have seen the gangrene renewed from simply sawing across the bone.

As to local applications, they should be of the mildest and most un-irritating nature—nothing to stimulate or cause the sloughs to be more speedily thrown off; no oils, or spirits, or tinctures, or turpentine. However valuable such dressings may be to some sores, produced by mortification, such as the bed-sore, and some burns, they are absolutely inadmissible here: they uniformly render matters worse. After the remark made by Pott, I should scarcely have deemed it necessary to observe upon the subject here, if it was not that I have seen these warm dressings but too frequently employed, and always rather injuriously. Within the last year I had an opportunity of seeing a dressing composed of equal parts of Canadian balsam and castor oil, occasion such pain as to deprive the patient of sleep, and forbid its repetition even a second time. I can have no objection to stupes, or medicated fomentations, calculated to alleviate pain, promote cleanliness, or correct fœtor; and, indeed, a patient will scarcely be satisfied unless he sees some local attention paid to so alarming and distressing a sore: yet even these must sometimes be dispensed with; and having fully stated my opinion that these sores must be managed with caution and delicacy, I shall add not one word more on the subject than one short quotation from Pott, which fully corroborates these views: "Since I had reason to embrace this opinion, and to act in conformity with it, I have found more advantages from frequently soaking the foot and ankle in warm milk, than from any spirituous or aromatic fomentations whatever; that is, I have found the one more capable of alleviating the pain, which such patients almost always feel, than the other; which circumstance I regard as a very material one. Pain is always an evil; but in this particular case I look upon it as being singularly so. Whatever heats, irritates, stimulates, or gives uneasiness, appears to me always to increase the disorder, and to add to the rapidity of its progress: and, on the contrary, I have always found that whatever tended merely to calm, to appease, and to relax, at least retarded the mischief, if it did no more."

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

APRIL 11, 1840.

The President of the College in the chair.

Dr. Houston laid before the society some notes of lectures delivered by Mr. Colles, in which that gentleman had recommended mercury in cases of *synovitis*.

[Dr. O'Beirne's claim is to the merit of having first recommended mercury in scrofulous disease of joints—a claim which, as far as we can understand the matter, Dr. Houston does not mean to deny—indeed it is indisputable.—ED. M. P.]

Mr. HARGRAVE said that the numerical method which had been found so useful in other departments



of science, was also of great utility in estimating the value of medical and surgical practice. He had made some notes on the result of certain operations on various parts of the arterial system, and begged leave to lay them before the society. The arteries selected for this purpose were the aorta, common and internal iliac, arteria innominata, and subclavian, in the first and second stages of its course.

The aorta has been tied twice—first by Sir Astley Cooper; and, secondly, by Mr. James, of Exeter. In Sir A. Cooper's case, the vessel was tied for a large aneurism of the external iliac which threatened instant death from hæmorrhage. The patient did not complain of much pain either during the operation or afterwards, and survived it forty hours. In this case, the ligature was found to have included the aorta, and there was a coagulum above and below it, so that death appeared to be, not the result of the operation, but of arrest of circulation in the aneurismal limb. Hence, Sir A. Cooper thinks that the ligature should be applied before the aneurismal tumour arrives at any considerable magnitude. The patient, operated on by Mr. James, died on the same day, having suffered extreme pain. The coagulum is stated to have been imperfect, but this might be accounted for by the short space of time which intervened between the operation and death. Mr. Hargrave thought that, perhaps, the severity of the pain in Mr. James's case might be accounted for by the supposing that some portion of the aortic plexus had been included in the ligature; yet the ganglionic nerves are said not to possess animal sensibility.

The common iliac has been tied four times—first by Dr. Mott, of Philadelphia—then by Sir Philip Crampton—next by Mr. Guthrie—and, lastly, by Dr. Salomon, a Russian practitioner. Three of these cases proved successful. Sir P. Crampton's case died of hæmorrhage ten days after the operation. In Mr. Guthrie's case, the supposed aneurism turned out to be medullary sarcoma, of which the patient died nine months after the operation.

The internal iliac has been tied five times—first by Dr. Stephens—then at the York Hospital in England—next by Mr. White—and, lastly, by Dr. Mott. Of these, four were successful: the operation at the York Hospital proved unsuccessful.

The innominata has been tied five times—first by Dr. Mott—then by Graaf, of Berlin—then by Bland in New South Wales—by Mr. Liston—and, lastly, by Dr. Hall, of Baltimore. Dr. Mott's patient died of hæmorrhage on the 26th day; Graaf's died from the same cause on the 61st; Bland's on the 21st; Liston's on the 21st also; and Hall's on the fifth day after the operation.

Right subclavian, in the first part of its course, first tied by Mr. Colles in 1811. The patient had some hæmorrhage on the seventh day, and died on the eighth. On examination, an ulcerated opening was found in the artery immediately above the ligature. Since that period it has been tied twice in this city by Mr. Hayden and by Mr. O'Reilly, but without success: both patients died of secondary hæmorrhage. The artery was also tied, in the first stage, by Mr. Liston in October, 1839. The particulars of this operation, which are fresh in the memory of the profession, were detailed by Mr. Hargrave. The operation was performed on the 20th of September; everything went on well until the 12th of October, when there was a sanious discharge from the wound; and from this, until the 26th, when the patient died, there were seven attacks of hæmorrhage. There was no clot found in the artery, and Mr. Liston has declared that he would not again attempt the same operation.

The right subclavian, in the second part of its course,

that is, where it lies between the scaleni, has been tied three times—first by Dupuytren, and, secondly, by Liston, in both instances successfully; thirdly, by Dr. Auchincloss, with a fatal result.

Mr. Hargrave said that the only means which appeared to him likely to obviate secondary hæmorrhage, in case of tying the subclavian, in the first stage of its course, was to tie the carotid also. The free anastomosis, between the superior and inferior thyroid arteries, rendered it extremely probable that, in a few hours after the operation, the blood was carried into the subclavian beyond the ligature, and hence arose the secondary hæmorrhage. If the carotid was tied at the same time, it would give time for the formation of a clot at the distal side of the ligature, from which the hæmorrhage was generally derived. It has been asserted, and Mr. Hargrave believed truly, that, in almost every instance, secondary hæmorrhage, after aneurism, proceeds from the distal side of the ligature. This led to the consideration of tying the artery on the distal side of the aneurism, to which Mr. Hargrave expressed himself as favourable.

The result of Mr. Wardrop's, Mr. Evans, and Mr. Fearon's cases shewed that tying the artery on the distal side of the tumour might be a means of prolonging life even under the most unfavourable circumstances.

Mr. ADAMS observed that, in Mr. Liston's operation, it was stated that the vagus was drawn to the outer side. In this country it is drawn towards the inner side to avoid including the recurrent nerve. As to the Russian operation, on the common iliac, Mr. Hargrave had omitted to mention one circumstance. The Emperor Alexander, with a just regard for the interests of science, had rewarded the operator with several tokens of his approbation, and, among the rest, a handsome annuity for life.

Dr. Houston inquired, if the operation of tying the innominata, would not be as good as tying the carotid and subclavian separately?

Mr. HARGRAVE said he thought not. The innominata is frequently diseased, and besides this operation would not obviate the occurrence of secondary hæmorrhage, which was generally on the distal side of the ligature.

Mr. ADAMS observed that he thought it would be difficult to find the artery at the distal side of an aneurismal tumour. Some years ago, there was, at Steeven's Hospital, a case of aneurism of the subclavian artery of the left side, so close to the arch of the aorta, that it was determined not to operate. The patient was placed under medical treatment and recovered completely. A drawing of this case is in the museum of the Richmond Hospital.

Dr. Houston said, the communication I am about to make is merely the statement of a fact of rather rare occurrence, but of such a nature as to require very little comment. It is a case of death caused by the presence of a foreign body in the vermiform appendix of the cæcum.

The patient was a young gentleman known to many here, remarkable alike for his amiable disposition and untiring ardour in the pursuit of his profession, but unfortunately cut off in the midst of his laudable career, and apparently in the enjoyment of vigorous health. He was a student at the City of Dublin Hospital, where he was conspicuous for his regular and constant attention to his duties. With a well-formed manly person, accustomed to manly exercises, and in the bloom of youth; his death, caused by a treacherous and cureless disease, must have been a source of deep sorrow to all who knew him. On Wednesday morning, while engaged at the hospital,



he was suddenly seized with pain in the abdomen. He took some medicine at the hospital, but without relief, and went home complaining of pain, sickness of stomach, and sense of oppression. At home he took some aperient medicine which operated freely. He was visited next morning by Dr. Benson, who found him labouring under symptoms resembling those of peritonitis—indeed so much so, that he determined at once to put him under the treatment for peritoneal inflammation. Notwithstanding the most active measures were employed, there was no improvement of his symptoms on the following day, and on Friday he was still worse. It is unnecessary to dwell on the details of the case. The symptoms were those of acute peritonitis, marked, however, by some peculiarities. In the first place, the bowels were not confined, and could be acted on by aperients all through. In the next place, the abdominal tenderness was not general. On Friday night he appeared much improved—his pain was relieved—he expressed himself as feeling tolerably easy, and he got some sleep. I saw him, for the first time, on Saturday morning with Dr. Benson, who was suddenly called to visit him, the messenger stating that he had just experienced a violent aggravation of all his symptoms. On arriving, we found him in a state of evident collapse—his pulse gone—his hands cold and clammy—and his face hippocratic. He was visited by Mr. Cusack, Sir Henry Marsh, and Dr. Tuohill, and every remedy employed which ingenuity or skill could suggest, but without effect: he sank rapidly, and died in the course of the evening. About sixteen hours after death, I made an examination at the request of his friends—Dr. Benson being unable to attend:—

The abdomen was not much tumified externally.

The omentum was spread over the intestines, and slightly adherent to the parietes.

The intestines were universally cemented together by a thin stratum of recently formed lymph, and, when pulled asunder, presented streaks and patches of redness, the result of the aggregation of numerous small turgid bloodvessels. At one part, behind the omentum, two or three ounces of well-formed pus were discovered. The lymph and redness were particularly marked about this region; and from it, as from a centre, the inflammation would appear to have propagated itself. A large firm tumour was here discovered, embedded between the layers of the great omentum, of an oblong shape, and extending from near the transverse arch of the colon to the vermiform process of the cæcum to which it adhered very intimately. On cutting into this tumour, it was discovered to be the cyst of a chronic abscess, with a lacerated hole at its superior part, from which the matter above spoken of had been discharged into the peritoneal cavity. The firm, gristly nature of the walls of this abscess prove it to have been of very old standing; its interior was black and softened, and emitted a very offensive odour. The cavity bore but a small ratio to the general bulk of the tumour.

The vermiform process, to which the tumour adhered, was thickened and shortened; it contained, close to its cæcal extremity, a calcareous concretion, about the size of a filbert nut, of great hardness, and rough on the surface. This intestinal calculus was, in part, encysted in the lower wall of the process, but could be felt naked with a probe introduced from the cæcum; and, precisely opposite to the naked point, there was a round hole, large enough to admit a quill, leading from the natural canal of the process into the lower part of the cavity of the abscess in the omentum—making that cavity, the vermiform process, and the cæcum, all one continuous tube. The

inflammation here was not confined to the serous membrane; the muscular and mucous coats, not only of the cæcum, but of the ileum leading to it, and also that of a considerable extent of the colon, were the seat of acute enteritis, so intense in some spots as to have passed into actual sphacelus, emitting an offensive gangrenous odour.

The omentum, in all other parts than the immediate locality of the abscess, was perfectly normal, except in so far as it had suffered from the late inflammatory action. The transverse colon was dragged somewhat downwards in the direction of the omental abscess, but had not suffered displacement sufficient to derange its functions; a portion of the omentum between it and the tumour was free from morbid change.

In making a section of the concretion, the saw went through it as through a hard bone, rubbing away a fine white powder. The nucleus was discovered to have been a lemon seed, the central parts of which had been removed, leaving, in their stead, a smooth pearly cavity—the husk only remained—but still, perfect in shape, and biloculated, so as to be readily distinguishable. An analysis of the concretion has been made by my friend, Professor Geoghegan. He found the earthy part to consist of a large proportion of phosphate of lime, with a trace of sulphate cemented together by animal matter. A portion of the husk, when detached and exposed to heat in a glass tube, emitted the usual odour of burning vegetable matter, and left on the interior of the glass a coating of black carbonaceous matter. The formation of such a concretion as this must have been the work of a considerable period of time, and began, no doubt, in the vermiform process, into which, by some accident, the seed happened to have found an entrance. The great thickness and density of the walls of the omental abscess prove it to have been of old standing; and it is not improbable but that, from time to time, its contents may have found an escape into the cæcum through the small aperture connecting its fundus with the cavity of the vermiform process. The final bursting of the abscess into the peritoneum took place, most probably, on Wednesday morning, when the first feeling of pain was complained of.

Dr. TUOHILL had visited the lamented gentleman frequently during the day of the fatal event, in company with the other professional individuals; he was also present at the post-mortem examination. He could not agree with Dr. Houston on some material points both as to matters of fact and medical reasoning. It did not appear to him, Dr. T., that the extravasation had the character of *perfect pus*; it wanted both the colour and consistence of that fluid, and indeed such could scarcely be expected co-existently with acute peritonitis of three days' duration; neither had it the appearance of being circumscribed; it was diffused through the peritoneal cavity and obviously diluted with serum. With respect to the precise nature of the case, and its relation to the morbid appearances, two questions force themselves on the mind's attention:—First, what was the cause of the original attack which set in on the morning of Wednesday? Secondly, what was the cause of the sudden and fatal collapse on the morning of Saturday? He could not consider the bursting of the abscess the origin of the attack of peritonitis. Such a view was by no means necessary, in order to account for its approach; for it is known to have oftentimes occurred without any apparent cause, and in the absence of any previous lesion of the abdominal vis-à-vis. The lesions in the present instance must be admitted at least as predisposing causes to peritonitis, and it may be readily granted that at this season during the preva-



lence of a cold atmosphere they may amount to exciting causes. He therefore conceived that the rupture must have taken place on the morning of Saturday, about the period when Dr. Benson was sent for in consequence of a sudden accession of intense pain which quickly terminated in the collapse. This explanation is more consistent with the order of the symptoms; for on Friday evening, there was so much relief as to render further depletion unnecessary, little or no pain was complained of, the pulse was down to 70, and there was a tranquil sleep during the night. In addition, Dr. T. would remark that early on Saturday he had expressed to Dr. Benson his conviction that so unexpected a change must be attributable either to a rupture in the intestinal canal, or to some extravasation. He also differed from Dr. Houston respecting the course and extent of the abscess, he particularly looked for a communication between the attached extremity of the vermiform process and the cœcum, and he was unable to discover any. That now represented in the drawing was discovered after the removal of the calculus, which had distended, and *completely* blocked up the cavity of the process. But supposing that such a communication had existed during life, constituting a transit for the passage of matter to and from the large intestine, surely there should have been some evidence of a cyst in the cœcum, and also some evidence of a septum between that cyst and the large intestine, otherwise the evacuations should have been mixed with pus.

Dr. BENSON agreed in opinion with Dr. Tuohill, that the bursting of the abscess did not take place until Saturday morning, and that this occurrence was the cause of the collapse, but not of the symptoms which preceded it. He thought the history of the case justified this opinion, and no other; and although he was absent (unavoidably) from the post mortem, he could see by the preparation before him, and by the drawing, that nothing was discovered which was inconsistent with this view of the matter. Dr. Benson did not think that Dr. Houston's description of the symptoms conveyed a just notion of the case. The symptoms were far from being those of decided peritonitis—such as must inevitably and universally have set in had the abscess burst on Wednesday. On the contrary, they marked a very circumscribed and partial inflammation, such as might be expected from the irritation of a foreign body in the vermiform process, (when once it began to act as a foreign body,) or from some irritation of the sac of the omental abscess, which was obviously not of recent formation. Mr. M—— suffered some pain and uneasiness in the bowels on Wednesday, but not of an oppressive or overwhelming kind. On Thursday, at noon, he sent for Dr. Benson, who found him complaining of pain in the right side of the abdomen, but without much general disturbance of the system. The pulse was full, strong, and not more than 80—the tongue, skin, countenance, and secretions nearly healthy—the bowels freed by medicine—the stomach little disturbed. The abdomen was scarcely altered in appearance, but on pressing it a fulness and resistance could be perceived on the right side of the umbilicus, extending to the right iliac fossa. Here, also, pressure occasioned considerable pain, and when other parts of the abdomen were pressed, the pain was referred to this region. Dr. Benson could not suppose this assemblage of symptoms to arise from the extravasation of the contents of an abscess into the peritoneal sac, twenty-six hours before. He did not suppose so then, nor can he now. What he suspected was a limited inflammation in some portion of the intestine or omentum, partially engaging the peritoneum, but by no means originating in it. He had his patient bled from the

arm, the tender part covered with leeches, and a grain of calomel, with a quarter of a grain of opium, administered every hour. In ten hours after, (Thursday night,) the tenderness continuing, and the pulse being more frequent, but by no means small, rather hard, strong, and resisting, he had him again largely bled from the arm, stuped, and continued on the use of calomel and opium. On Friday morning the pulse was softer, less frequent, about 80, and he felt better; but it was thought advisable to continue the pills, and again to apply the leeches. On Friday evening he felt very much relieved—pulse 70—the mercurial factor was perceptible on the breath, and all he complained of was a distension of the abdomen, which percussion proved to be flatulency. A fœtid enema was thrown up, which operated soon—the calomel was continued at longer intervals, and everything promised a favourable termination. But on Saturday morning, at seven o'clock, Dr. Benson was called in great haste to see him; the messenger said he was dying. Dr. Benson found him pale, covered with cold perspiration, in great agony, restless, yet afraid to move one muscle which could cause pressure on the abdomen—the abdomen was rather more prominent than on the night before, and very tender to the touch. The pulse was weak, rapid, and irregular, and he looked like a person in a faint. On enquiry, Dr. B. learned that he had a good night, slept well, and on awaking half an hour before, expressed himself almost well, when he soon after was seized with the symptoms just now stated. It was now plain that a very serious change took place in the course of the disease. Dr. Benson got Dr. Houston immediately to aid him with his advice—in a few hours more Dr. Tuohill joined in consultation—then Mr. Cusack, and then Sir Henry Marsh; but all to no purpose—he died on Saturday night at 11 o'clock. Now, from this statement, I think the society will believe with me, said Dr. Benson, that the fatal collapse on Saturday morning was owing to the bursting of the abscess, but that the preceding peritonitis was partial—that it depended on the irritation of the calculus in the vermiform process, or inflammation set up in the omental abscess, and that if the abscess had not burst on Saturday, a recovery would probably have followed. Dr. Benson mentioned also that he was called some time ago to assist in opening the body of a young lady, the niece of an eminent physician, who died of peritonitis, occasioned by a concretion in the vermiform process. The concretion was a mass of carbonate of magnesia, which was a favourite medicine with the young lady. This had, from some cause, ceased to be harmless in its lodging, and had excited inflammation there, which extended to the peritoneum.

Dr. HOBSTON said he had one word to say with respect to Dr. Tuohill's observations. On the first day, during the post-mortem, Dr. Tuohill was dissatisfied at the result of the examination, because he could not find any trace of the rupture of the abscess through which the pus had escaped; and, on the second day, when, after a more close inspection, the opening of the abscess had been discovered, he said he thought the rupture was the cause of the peritonitis. Dr. H. still maintained that the pus found in the peritoneum was laudable. As to Dr. Benson's observations, he must certainly be considered a better judge of the symptoms, having attended the case all through; but if the pathological condition of the parts were attended to, it would be scarcely possible to reconcile such condition with his opinion. The peritonitis must have existed before Saturday morning, as from that period the state of the patient was such as to have put an end to all secretion, he being in the last stage of collapse; and yet, on dissection, the whole of the small intestines were found to be



glued together with firm lymph, and when torn asunder, their surfaces were red and vascular.

Dr. GEOGHEGAN begged leave to read a few notes of a case very hastily compiled, and, for the imperfection of which, he had to crave the indulgence of the meeting. The case was one in which he had been consulted by Mr. Custis; he did not mean to give its history, but merely to give the pathological appearances. The phenomena which he was about to mention were sufficiently common in the adult, but rarely met with in the child. The case was that of an infant shortly after birth, about six pounds weight, and eighteen inches in length, mid point one-half inch above umbilicus, with the nails extending beyond the extremity of the fingers; the surface of the skin was covered with the vernix caseosa; conditions, in Dr. Geoghegan's opinion, indicating that the child had nearly arrived at maturity. On examination, Dr. Geoghegan found a scratch on the vertex, with an effusion of blood under the scalp, and a fissure in the right parietal bone. There was also a slight bloody effusion on the arachnoid, and the pia mater was very vascular; the fossæ, at the base of the cranium, contained a quantity of blood. A tumour was observed at the central part of the abdomen, which, on examination, was found to be produced by a distended state of the bladder; the ureters also were so much increased in size that they looked like portions of the great intestine. The coats of the bladder were greatly thickened, and its interior presented appearances somewhat similar to those observed in cases of old stricture. On passing a probe through the urethra, the obstruction seemed to be removed, and a large quantity of urine was expelled. This was of a pale colour, neutral, of the specific gravity of 1.007, exhaling a strong odour somewhat like soup, when evaporated. Dr. G. found its constitution to be as follows, in 1000 parts:—

Water.....	985.00
Extractive, soluble in alcohol, with a trace of urea.....	9.70
Chloride of sodium.....	1.65
Extractive, soluble in water.....	1.20
Earthy phosphates.....	0.20
Albumen.....	2.10
Traces of lithates, and alkaline salts, and loss.....	0.15
	1000.00

About half an ounce of blood, (all that could be collected,) was examined carefully, but no trace of urea detected. The chief point of interest, however, was connected with the kidneys. They were smaller than natural, indurated, and presented, externally, the mammilated appearance observed in the last stage of Bright's kidney; and internally, in some parts, apparently finely granulated. Dr. Geoghegan observed that he would leave it to the society to determine whether they were specimens of the degeneration described by Dr. Bright; if so, he believed it was the first case of the kind which had been laid before the profession. He would send round the preparation; and, while it was under examination, he would say one word on the fissure in the parietal bone. This might be readily confounded with the effects of violence, but Dr. G. thought it generally arises from a different cause; being usually connected with the mode of development of the bones, and is sometimes produced by a mere giving way of the bony texture during labour.

Mr. BANNON said that a case similar to that detailed by Dr. Geoghegan, had recently occurred at the Lying-in Hospital. The specimen had been laid before the pathological society by Dr. Ken-

nedy on the last day of meeting. The kidney appeared to be in the last stage of Bright's disease.

Dr. GEOGHEGAN said he had been speaking to Dr. Kennedy on the subject, and he could not say that it presented a specimen of granular degeneration; nor was there any proof of albuminous urine.

Dr. HOUSTON thought the kidney presented by Dr. Geoghegan was either a specimen of Bright's disease, or an alteration produced by the pressure of the urine on it. He thought he had witnessed something similar in the adult arising from obstruction of the same kind.

Dr. GEOGHEGAN expressed his dissent from the views put forward by Dr. Houston.

Dr. BENSON said he agreed with Dr. Geoghegan that the kidney did not present the phenomena which would arise from pressure.

Mr. HARGRAVE observed that the canal of the urethra was very narrow at the junction of the prostatic with the membranous portion. This, perhaps, might account, in some degree, for the retention.

Dr. GEOGHEGAN observed that the urethra had admitted the passage of a probe.

The society then adjourned.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### TO THE EDITORS OF THE MEDICAL PRESS.

North Cumberland-street,  
May 15, 1840.

GENTLEMEN,—I shall feel obliged by your giving insertion to the inclosed communication.

I have the honour to be, gentlemen,

Your obedient humble servant,

JAMES O'BEIRNE, M.D., &c.

TO JAMES O'BEIRNE, ESQ., M.D.

Cullompton, Devon, 12th May, 1840.

MY DEAR SIR,—I have, at length, had an opportunity of trying your plan of treating morbus coxæ in scrofulous disease of the hip-joint, and am happy in being able to report to you a satisfactory result. On the 12th of April last, I was desired to visit Martha Conybeare, a married woman, 33 years of age, and a pauper of the parish of Kentisbeare. My patient, who resided five miles and a half from hence, had been afflicted with lameness for ten days' previous.

The following is a short history of the attack:—While at work in one of the whetstone pits, she felt a stiffness in her right hip-joint, which compelled her to leave her work. She had great difficulty in walking home, and was obliged to be assisted by a neighbour: pain shortly after supervened, which increased daily until the 12th of April. I examined the seat of disease very carefully—the limb appeared to be lengthened—the knee was bent, and advanced considerably forwards—she rested on the toes only—the heel was drawn upwards, and she could not, by any possibility, put it to the ground. The glutei muscles of the affected side were evidently wasted, as there was great flattening of the nates, its fold being quite obliterated. I inquired if she had fallen or received any blow in the situation referred to, but she assured me such had not been the case. On gently percussing the heel, she complained of severe pain in her hip, almost amounting to agony, and extending, to use her own words, "all through her joint." Pressure on the trochanter produced the like uneasiness—indeed any motion of the joint appeared greatly



to aggravate her distress. Her nights were passed in great misery, and she felt quite delighted when morning came, for she then invariably experienced a little mitigation of her sufferings—her pulse 110—bowels regular—tongue white and coated—thirst—anorexia. I had no doubt as to the nature of her complaint, and proceeded at once to adopt the plan recommended by you.

I most strictly enjoined the recumbent position, and sent her the following:—

R Hyd. chloridi gr. xvi.  
P. opii. gr. iv.  
M. et ft. pulv. viij.  
Sumat. i. bis die.

Five of the powders were taken, when the gums became a little sore, and the mercurial fœtor was very perceptible.

I desired her then to take a powder every other night only.

On the 15th of April the pain had completely left her: she had passed the previous night very comfortably, and informed me that “as her mouth got sore, her leg got better.”

On the 21st of April, I applied a blister behind the trochanter, and gave her the following mixture:—

R Ext. sarsaparill. ʒiii.  
Decocti. sarsaparill. ʒiss.  
Solve capt. coch. ampl. iv. ter die.

On the 3d of May, she was so far recovered as to be able to walk as well as ever she could in her life, as far as the affected joint was concerned; but the salivation had necessarily debilitated her. There was still some soreness about the mouth which rendered it advisable to continue the sarsaparilla some days longer.

*She is now quite well in every respect.*

I consider the above case very valuable—the rapidity with which the disease was overcome shews the inestimable value of mercury in this particular affection; for, according to her own statement, “as soon as my mouth got sore, I found I could put my heel to the ground without any pain.” I was exceedingly particular in ascertaining this point. Well may it be said that mercury is the principal sheet anchor in which the scientific physician has to trust. Had this case been subjected to the usual plan of treatment, I am inclined to think she might have been under my care for six months at least, or, perhaps, twelve months, and even then if she escaped with her life, in all human probability she would have been a cripple; for she is one of that class of beings who are engaged in preparing the whetstones for the market, and the majority of those who are so occupied, are carried off by some disease of the lungs—generally tubercular.

It is a very rare occurrence to see a person so engaged live beyond 55 years.

I must again return you my most grateful thanks for your valuable suggestions, and believe me to be,

My dear sir,

Yours very faithfully and respectfully,

WM. HAINE MAUNDER.

P.S.—You are at liberty to make whatever use you please of this letter.

I have tried to procure the red Jamaica sarsaparilla, but have not succeeded, therefore was obliged to use the extract combined with the common decoction.

W. H. M.

#### TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Having read Professor Porter's observations on spasm of the glottis, as occasioned by foreign bodies sticking in the œsophagus and trachea, I beg leave to send you a case, in which violent spasms

were induced, by a needle run either into the substance of the lung or bronchial tube, should you deem it of sufficient interest, for a place in your valuable journal,

And am, your obedient servant,

JAMES FRASER, Jun.

A female child between five and six years old, was brought to me, who I was informed had had a large stocking needle run into her chest; the night before she suffered greatly from difficulty of breathing, and whilst I was examining her, she was seized with symptoms of suffocation, very much resembling an advanced stage of croup; they did not, however, last more than a few seconds. Her mother told me she had had three or four such fits during the night, I easily found the puncture where the needle was said to have entered on the right side of the sternum, and nearly opposite the third intercostal space; and, a short distance from it, what I found to be the needle which had been run through the edge of the sternum facing upwards, and a little outwards, before I could succeed in extracting it, the child had two other returns of the spasm, but none afterwards, she rapidly got well under treatment, the needle had been broken off close to the eye, and was more than two inches in length.

Tulla Dispensary, May 2, 1840.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Belfast, May 16, 1840.

GENTLEMEN,—At a meeting held in the Library of the Belfast Hospital, May 11, at 2 P. M. present—Dr. Stewart,\* Dr. Stephenson, Dr. Burdon, Mr. Mulholland, Mr. Birnie, Mr. Lynch, Dr. H. Purdon, Dr. Adams, Mr. Dorrian, Mr. Murray, Mr. Moore, and Mr. Aikin, Dr. Coffey in the chair, the following resolutions were passed, and it was further moved, that the same should be made the basis of a petition to parliament.

I have the honour to remain, Gentlemen,

Your very obedient servant,

H. M'CORMAC, Sec. pro tem.

1st. That we consider a reform in the medical profession called for, and that, with a view to this, we are willing to concur with the Association in Dublin.

2d. That we think a uniform system of medical education advisable, and that, as a consequence, all members of the profession should enjoy equal rights and privileges.

3rd. That every facility should be afforded for a superior education, and every obstacle, by means of rigid examinations, and a strict certificate system, cast in the way of ignorance and incompetency. These means, without excluding meritorious indigence, would, probably, better avail, in keeping out improper persons, and preventing an undue increase, than merely raising the cost, which might have the effect of favouring wealth more than merit.

4th. That no one should commence the study of medicine, who did not display evidence of respectable literary and scientific acquirements, nor be admitted to his final examination, until he had completed his 24th year. The difficulties of medical science, which cannot well be appreciated at a very early period, or by the ignorant at any time, render this arrangement advisable. Deficiencies may be supplied, in a measure, by after labour; but it is undoubted, that the respectability and usefulness of the profession are ill consulted by coming to the study of it, unless imbued with the rudiments of knowledge at large.

\* Dr. Stewart was only present at the early part of the proceedings.



5th. That the first qualification should be a diploma in pharmacy; the second, a diploma in surgery; and the third, a degree in medicine; and that all these should be necessary to obtain a license to practice, inasmuch as it is as disgraceful for the physician or surgeon to be imperfectly aware of the properties, preparation, and character of the medicines which he prescribes, as it is for the one to be ignorant of the practice of medicine, or the other, not to know surgical pathology; not to speak of the numerous diseases which involve medical and surgical treatment, as well as those frequent instances in which the practitioner is called to exercise every branch of his profession, or incur odium, or the reproach of limited usefulness, as the alternative.

6th. That the time for gaining these qualifications should embrace not less than six years. These should be largely devoted to the study of general and pathological anatomy, to the surgical and medical service of a general hospital, provided with obstetric wards, as also, wards for the diseases of women and children; likewise, wards for the reception of insane persons. During the last two years, the pupil should be habituated to the careful and repeated performance of operations on the dead subject, and to the charge, under proper superintendence, of a certain number of medical, surgical, and obstetric cases. The hospital in question, should be duly provided with able heads, as well as with select, but sufficiently copious libraries; while the progress of the pupil should be stimulated by examinations, prize essays, and meetings for debate.

7th. That the foregoing education, without prejudice to those who might choose the province of pure surgeon or pure physician, as it is termed, should qualify for the exercise of the profession in all its branches, as well as for the keeping of open shops or surgeries, by those whose views or position might lead them to look upon it as desirable.

8th. And, lastly, that a provision should be made for educating and licensing a pure and scientific apothecary, not a practitioner in medicine, surgery or obstetrics, conversant with chemistry, botany, and pharmacy, and protected in the exercise of his calling by the suppression of quack or patent medicines, as well as of all competition on the part of chemists, druggists, and grocers. The utility of such a member of our tripartite profession would be very great; undistracted by the solicitudes of practice, and withheld, as well by his skill as by his respectability, from the purchase or sale of sophisticated drugs, he would faithfully co-operate with the physician and surgeon in the common task of alleviating disease; while the two latter, freed from the harassing cares and petty details inseparable from trade, could devote their exclusive energies to the higher aims and interests of their profession.

#### COUNTY OF CORK EASTERN MEDICAL SOCIETY.

The Second Meeting for this year was held at Fermoy, on Monday, the 11th instant, and was numerously attended—Dr. MURPHY, Fermoy, in the chair. The following letter, from Wm. S. O'Brien, Esq., M.P., was read by the Secretary:—

"London, March 21, 1840.

"DEAR SIR, —I beg to acknowledge the receipt of your letter, accompanying two petitions from the Medical Society of the Eastern part of the County of Cork, which I am requested to present to the House of Commons.

"In reply, I beg to say, that I shall have the greatest pleasure in performing the duty which the meeting whom

you represent as secretary, have done me the honour to cast upon me; more especially as I feel strongly the necessity of reform in those institutions which regulate medical education; and am also of opinion that the support of our medical charities should rest upon assessment rather than subscription.

"As the petitions wisely forbear to point out the plan in detail, by which these objects are to be carried into effect, it is unnecessary to touch upon questions of a minor kind, upon which, probably, there does not exist so much unanimity as prevails with respect to the general nature of the legislation which is required.

"I have the honor to be, Dear Sir,

"Faithfully yours,

"W. S. O'BRIEN.

"Dr. Lynch, Charleville."

The prospectus of the propositions for the consideration of the Congress, a proof sheet of which had been forwarded to the meeting by Dr. Maunsell, was then read, when an animated and interesting discussion on the different propositions, *seriatim*, arose, in which Drs. O'Neill and Garde, Fermoy; Dr. Barry, Rathcormac; Drs. Paye and Fitzpatrick, Kilworth; with Dr. Lynch, took a prominent part. In reference to the interrogatory, as to the admission of persons possessed of medical degrees, or surgical diplomas, but who at present compound the prescriptions of others as well as their own, the following resolution, proposed by Dr. Barry, and seconded by Dr. O'Neill, was adopted as the reply:—

That it is the opinion of this meeting, that all persons holding medical degrees or surgical diplomas, should be enrolled, except such as keep shops for the actual retail of medicines; and that we would be most anxious to see the establishment of a class of apothecaries who would confine themselves to the legitimate practice of that branch of the profession.

Proposed by Dr. Nugent, Lismore, county Waterford, and seconded by Dr. O'Connell, Kilmallock, county Limerick,

That Dr. Paye, of Kilworth, be appointed as the deputy from this Society, to represent our views at the general meeting to be held in Dublin on the 27th instant.

Dr. O'Neill laid before the meeting the following letter and statement from R. V. Roche, Esq. of Killantin, treasurer to the Watergrasshill and Glenville Dispensary.

"Killantin, May 9, 1840.

"MY DEAR O'NEILL, —As I find that the Eastern Medical Society meet on the 11th, at Fermoy, I send you a paper, which, if you think it worth their notice, you will place before the members. I have drawn it up for the purpose of calling the attention of government to the manner in which those most necessary of all institutions, (dispensaries,) are supported; and from my experience as a treasurer, I am convinced, that unless they be placed on a different footing, they must fall to the ground, a result most fatal to the poor, and which will ultimately tend to drive every man, whose nerves are not well strung, from his residence in the country.

"The contributions to the establishment under my charge, have been reduced one-third in the present year. When the poor-law comes into operation, what shall we expect? You will perceive that contributions are most unequally given, as to the amount of property, those who can least afford it paying most—those who ought to be glad to find persons to look to the wants of the poor of their estates, contributing nothing.

"It is hard, indeed, to compel gentlemen residing in the country, to go about to BEG for the support of institutions of this nature.

"I have no doubt, if the medical gentlemen in charge of dispensaries, will get their treasurers to make returns,



the same as that which I have made, that they will do good to themselves, and to the community at large.

"Believe me, most faithfully yours,

"R. V. ROCHE.

"John O'Neill, Esq., M.D."

"WATERGRASSHILL AND GLENVILLE DISPENSARY.

"Names of Subscribers, with Value of Property within the District, and Amount of Subscriptions.

1. Subscribers residing within the district.

	Amount per an.	Subscriptions. £ s. d.
Rev. Edward. G. Hudson,	£2000	10 18 0
R. V. Roche, Treasurer,	400	5 5 0
Miss Walsh,	100	3 3 0
Edward Morgan,	200	2 0 0
Edward Wilson,	150	4 4 0
John Walsh,	300	1 1 0
Thomas J. Cleary,	400	1 1 0
	£3550	£27 12 0

2. Subscribers residing, but having no property within the district.

John B. Hudson,	£1	1 0
Rev. E. McCarthy, P.P.,	1	1 0
Mrs. Denlea,	0	10 6
D. M'Grath,	0	10 0
J. Hegarty,	0	10 0
P. Hegarty,	0	10 0
Mrs. Cahill,	0	10 6
P. Barry,	1	1 0
Mrs. Power,	0	10 0
John Cotter,	1	0 0
Denis Hickie,	0	10 0
Patrick Hickie,	0	10 0
Martin Joyce,	0	5 0
David Flinn,	0	5 0
Michael Cahill,	0	5 0
Rev. R. D. Jervois,	1	1 0
	£10	0 0

3. Subscribers not residing, but having property within the district.

Henry B. Mitchell,	£1500	£5 5 0
John Hyde,	600	3 0 0
Thomas Dennety,	500	3 3 0
Noble Johnson,	500	2 0 0
Messrs. Denny,	100	1 1 0
Rev. John Aldworth,	800	1 1 0
	£4000	£15 10 0

4. Subscribers neither residing, nor having property within the district.

William O'Connell,	£1	1 0
Messrs. Beamish and Crawford,	2	0 0
Mr. Harrington,	2	0 0
Mrs. Brazier,	2	0 0
Mrs. Irvine,	2	0 0
Mr. Perrott,	0	10 6
Mrs. Briscoe,	1	1 0
	£10	12 6

5. Persons having property within the district, but who refuse to contribute to the support of the dispensary.

Edward Roche,	£1500	£0 0 0
Earl of Donoughmore,	400	0 0 0
Rev. R. D. Freeman,	350	0 0 0
John Webb Roche,	400	0 0 0
Mr. Seldon,	100	0 0 0
Miss Silke,	150	0 0 0
Captain Martin,	200	0 0 0
Mrs. Westropp,	250	0 0 0
Henry Mitchell Smyth,	1200	0 0 0
Mrs. Pepper,	450	0 0 0
	£5000	£0 0 0

£3550 contributes -	£27 12 0	
4000 contributes -	15 10 0	
		£43 2 0

£5000 contributes -	£0 0 0	
Persons having no property, contribute,	10 0 0	
Non-resident, ditto,	10 12 6	

Total contributions for 1840, - £63 14 6

The above valuable document, coming unsolicited from so respectable a person, and out of the profession, was well received; and a hope expressed that such reports, if generally got up through the country, would tend to demonstrate the state of support, on which these institutions are dependent. A unanimous vote of thanks was passed to the writer, which the chairman was requested to communicate.

Proposed by Dr. Eugene O'Neil, Mitchestown, and seconded by Dr. Drew, Fermoy—

That, in future, our meetings be convened by advertisement in the MEDICAL PRESS.

Proposed by Dr. Murphy, jun., Kilfinane, and seconded by Dr. FitzPatrick—

That the next meeting be held at Charleville, on the last Wednesday in June.

The marked thanks of the meeting were then given to our chairman, and the members again assembled at dinner.

CHARLES MURPHY, M.D., Chairman.

JOHN LYNCH, M.B., A.B., Secretary.

KILKENNY MEDICAL ASSOCIATION.

At a meeting held May 14, 1840, Dr. Greene, of Urlingford, in the chair.

Moved by Dr. Cullenan, and seconded by Dr. Ormsby.—That our president and secretary, together with Drs. John Bradley, Joseph Lalor, Miles Stirling, William Bateman, and Thomas Cranfield, do act as delegates, from this Association, at the Medical Congress to be held in Dublin on the 27th inst, and that such other members as please to attend be considered as part of the delegation.

Moved by Dr. Lalor, and seconded by Dr. Bateman.—That the sum of ten pounds be given from this Association as its subscription to the funds, under the controul of the general council, for the current year.

The secretary having next read the address of council, published on the 8th inst., it was moved and unanimously adopted—

1st. That, as regards the "permanent organization" of the general association, we do not consider it essential or necessary to have a charter procured; and that we are of opinion that it would be encountering considerable expence without any adequate good results, inasmuch as a charter, such as contemplated in the address, could confer no additional powers beyond those already possessed: and that, as regards the other contemplated alterations, we will not consent to any system of association which takes away from a local branch its controul over its own money and secretary, and places it solely with a central council, as well as the regulation of time and places of meeting.—matters which can be all arranged much better in the districts, both as regards the convenience, opinions, and interests of country practitioners.

2ndly. That, as regards the qualification necessary to constitute members of the association, we are of opinion that every medical man of unimpeachable character, who possesses either a medical or surgical diploma from any legal and recognised licensing body, should be admissible: and that a professional man should not be excluded from aiding in the attempt now making to regenerate the profession—merely because he happens to be compelled, by circumstances



or locality, to vend medicines, or to compound the prescriptions of another—a practice, which, in many of the villages of Ireland, becomes a matter of necessity under the existing state of things: and, though we sincerely deplore that such should be the case, yet we cannot consent to require that those men would surrender their present system, at least until some legislative enactment shall extend to them its protection, and efficiently reform the present lamentable state of every branch of the profession.

3dly. As regards the “protective measures,” we fully and cordially approve of the several measures proposed; and we consider that a medical charities’ bill would be best worked under the controul of a board composed of both non-professional and professional directors.

4thly. That, as regards the “plans of general medical reform,” we give our approval to the plan, No. 1, as the most efficient for protecting the interests of the public and of the profession; and that we totally dissent from the plan, No. 3, as a complicated and unmanageable piece of machinery, quite inadequate to any measure of true and complete reform.

WILLIAM GREENE, President.  
ROBERT CANE, Secretary.

#### LEITRIM MEDICAL ASSOCIATION.

At a meeting of the county of Leitrim Medical Association, held at Carriek-on-Shannon, on Thursday, May the 7th., Dr. Hamilton in the chair.

It was resolved—That Dr. Dunn be requested to attend at the meeting of the Congress, to be held in Dublin, on the 27th inst.

Resolved—That Dr. Backhouse be requested to act as Treasurer, and Dr. Dunn as Secretary for the ensuing year.

Resolved—That Drs. Dockery, Lloyd and Howard, be admitted members of our association.

Resolved—That the secretary having brought before us three plans of medical reform, as suggested to be taken into consideration by the general council, we are of opinion, that the plan, No. 1, appears to us to be the most reasonable to be adopted.

Resolved—That having seen an extract from an American paper, of the law now in force in the College of Physicians and Surgeons in Upper Canada, we are of opinion, that the attention of the Congress should be directed more particularly to the attaining protection by legal enactment, for the rights of the medical men in Ireland generally.

Resolved—That this meeting do adjourn until Thursday, the 21st inst.

(Signed.) H. HAMILTON, Chairman.  
JOHN DUNN, Secretary.

#### WESTERN MEDICAL SOCIETY.

The first meeting for the session of this year was held at Bandon, on Tuesday the 12th inst., Dr. Jago, of Kinsale, in the chair.

It was proposed by Dr. Jagoe, of Ballineen, seconded by Dr. Corbett—That Dr. Young, of Dunmanway, be ballotted for at the next meeting of the society.

It was proposed by Dr. Toole, of Bandon, seconded by Dr. Jagoe—That Dr. Holmes, of Dunmanway, be ballotted for at the next meeting.

It was proposed by Dr. Ormston, of Bandon, seconded by Dr. Orr, of Innishannon, and resolved unanimously—That having carefully read the propositions which are to be submitted to the consideration of the meeting of the central association, to be held on the 27th inst., we fully concur in the objects therein detailed, with the exception of that contemplating the admission of persons compounding the

prescriptions of others, against which this society enters its protest.

The following resolutions, proposed by Dr. Wood, of Bandon, and seconded by Dr. Corbett, of Innishannon, were also unanimously adopted:—

1st. That in considering the various plans of general medical reform, suggested to the attention of the profession by the council, we consider that the most advisable which will least interfere with existing institutions; and that the one recommended under the third head seems most likely to produce the best results.

2d. That the warmest thanks of this society are due, and are hereby presented to the Council of the Central Medical Association, for the efficient and zealous manner in which it has taken up and acted upon the application of Dr. Jagoe, of Ballineen, (a member of this society,) relative to the treatment he received at the last assizes for this county; and that the letter this day received by Dr. Jagoe from the acting under secretary, be forwarded to the secretary of the central association.

3d. That with cordial and unanimous feelings, we record our continued confidence in the MEDICAL PRESS, and our entire approbation of the manly and independent spirit fearlessly pervading that publication, and its zealous and talented advocacy of the just rights of our profession.

Drs. Corbett and Jago kindly consented to form the deputation from the society to the general meeting of the Medical Association of Ireland, to be held on the 27th inst.

S. WOOD, Secretary.

\*\* Want of space obliges us to defer the publication of the medical communications made to the society.—ED. M. P.

#### TO CORRESPONDENTS.

*Communications received from Drs. Lynn, (Mar-kethill,) Macan, (Bushmills,) Lloyd, (Carrick-on-Shannon,) Mulville, (Gort,) Maffett, (Glasslough,) Ryan, (Templemore.)*

*We do not comprehend the nature of the grievance of which Mr. Stephenson complains.*

## MEDICAL PRESS.

“SALUS POPULI SUPREMA LEX.”

DUBLIN, WEDNESDAY, MAY 20, 1840.

#### THE MEDICAL LABOUR-TAX.

We were obliged last week, from want of space, to be very brief in our comments upon this new device for plundering our profession. The matter, however, is worthy of attention; and in our Poor-law Intelligence of this day, it will be seen that, under the threat of being rated as an occupier of the Cork South Infirmary, to the extent of £100 a year, Dr. Woodroffe has been forced to submit, and to furnish to the Board of Guardians a return of his receipts from pupils, in that institution, upon which he is to pay the assessed poundage. The authority upon which this tax upon medical labour is assessed, is contained in the 63d section of the Poor Relief Act, in the following clause:—“Provided, also, that no church, chapel, or other building exclusively dedicated to religious worship, or exclusively used for the education of the poor, nor any burial ground or cemetery, nor any infirmary, hospital, charity school or other building used exclusively for charitable purposes, nor any building, land, or hereditament, dedicated to or used for public purposes, shall be rateable, except where any private profit or use shall be directly derived therefrom, in which case the person deriving such profit or use shall be liable



to be rated as an occupier, according to the annual value of such profit or use."

We have denominated this most iniquitous impost a 'labour tax;' and that it is such, and nothing else, must be obvious to all who reflect but for a moment. The profits derived are simply and solely returns (and usually but small returns) for labour and skill, employed in teaching; they also constitute, in the vast majority of cases, the only remuneration afforded to the medical man for services rendered to the community, by an irksome and onerous attendance upon the sick poor. We know not if the letter of the act would be construed by lawyers as sanctioning the rate imposed upon the hospital surgeons of Cork; but we are quite certain, that as a 'labour tax,' it is altogether and directly opposed to the spirit of the measure. The Poor Relief Act was certainly never designed by the legislature to discourage honest industry, by an impost upon labour; its main principle was at least professed to be an alleviation of the pressure upon the productive classes, by making the idle possessors of property support a share of the burthens of the community. So manifestly is this the spirit of the law, that we are inclined to think a different construction could not legally be put upon any portion of its letter: and we are strongly of opinion, that if any member of the medical association be found to suffer from this unjust interpretation of it, that active measures ought to be taken for bringing the matter to issue in a court of justice.

If the 'labour tax' be really legal, let us consider for a moment, the results to which an impartial assessment of it would lead. In the case of hospitals; apprentices, as well as half yearly pupils, will, of course, be rated, and thus, an hospital surgeon, who may obtain an average of one apprentice in the year, with a fee of 150 guineas, will have to pay for such, according to the present rate in the Dublin unions, no less than £6. 11s. 3d. Now, it is not to be supposed that medical men will be such utter dolts, as to allow the 'labour tax' to press entirely upon them, and of course, they will see that other 'private profits or uses' derived out of public buildings, shall be made to bear their share of the burthen. The Four-Courts is a public building, and therefore, is exempted from poor-rate; but, Mr. Warren, and Mr. Holmes, and Mr. Sergeant Greene, and other learned gentlemen, "directly derive therefrom" private profits or uses to the amount perhaps of one, two, or three thousand pounds per annum, a farthing of which they could not possibly enjoy, without the shelter afforded them by the said public building; shall they not therefore be "rated as occupiers, according to the annual value of such profits or uses"? Let this question be once raised, and placed in the same category with the rating of hospital-pupil money, and we have no doubt, that whatever may be the letter of the statute, very competent authorities will soon be found to pronounce the obligation of its spirit to be paramount, and the 'labour-tax' to be illegal. Many instances analogous to that of the Four Courts, will suggest themselves to the minds of our readers; an obvious one is to be found in the cases of churches and chapels, these as being "dedicated to religious worship," are exempted from poor-rate; but, in such buildings many a fair pound of private profit is "directly derived therefrom" in the shape of marriage fees—shall not these also be rated to the relief of the poor? Nay, we have known a burial ground turn into an incumbent, some £20 or £30 worth of scarfs, hat-bands, and gloves in a year; and we would ask, upon what principle is such an 'occupier' to escape the 'labour-tax,' if the pitiful £8. 8s. derived by Dr. McEvers from his didactic exertions in the Cork Infirmary, be subjected to its operation?

We again express our earnest hope, that the matter may be taken up, by some person interested, at the ensuing meeting of the Association.

#### MEDICAL REFORM.

We are glad to be able to call the attention of our readers to the following passages of a lecture, lately delivered by Dr. Leet, Professor of Medical Jurisprudence to the Apothecaries' Company:—

"The sad truth is becoming more and more glaring every day, that if it (the medical profession,) be not elevated and improved from its present condition, the study of it will be useless, and the teaching it, a mockery! If, therefore, my sentiments and efforts are calculated in any degree to facilitate these objects, I feel I would be culpable in withholding them.

"It has been said of our branch of the profession that we, the general practitioners and apothecaries, are unfavourable to reform.

"If we are, or appear to be, unfriendly to reform, it is to such plans as have been proposed for this purpose by the 'College of Surgeons in Ireland,' or as are being carried into effect by the so-called 'United Medical Club of Dublin.' To these we are and ever will be opposed; because, however these parties may differ among themselves, they are both agreed in degrading the profession of pharmacy, and in excluding its members from any participation in the rank and honours of the medical community.

"Pharmacy, regarded as a science or art, is entitled to equal rank and honour with her kindred sisters—physic and surgery.

"We demand *equal* independence and dignity for each and every branch of medical science; *equal* independence and dignity for every one who undertakes the god-like art (god-like only when united, for only *then* it is complete) of alleviating the ills of suffering humanity.

"If, therefore, the consent of the apothecaries of Ireland is sought in aid of medical reform it can *only* be had on the condition that pharmacy is to be equal in independence and dignity with the other branches, physio and surgery. And it is not only reasonable and just that this great fundamental principle should be laid, but also desirable that it should be acted upon—for what, so much as the want of this *general* union, the absence of this *mutual* reciprocity, has tended to the divisions and jealousies which prevail among us? Making medicine the only exception to the honour and harmony which exist in the liberal professions.

"Let the broad principle I advocate—that of unity and oneness—be acted on; let our national emblem furnish our motto, and 'tria juncta in uno' be the 'shibboleth' of our *thrice* honourable profession.

"With respect to details, I would say, let the different Medical Corporations, 'Colleges,' and 'Halls,' be thrown open to their respective Licentiates—let there be in future two classes, 'Fellows' and 'Licentiates,' (or Doctors,) Fellows and Licentiates in Physic—Fellows and Licentiates in Surgery—Fellows and Licentiates in Pharmacy. Let the Licentiates constitute the general council or senate of each department, and let the Fellowships, like those in the University, be free to every one who is deserving of the distinction, or who is able to win it by public *contests*; and from this class, including the men of the highest attainments in science, let all Professors, Examiners, &c., be chosen.

"In practice, let each branch confine itself to its own department; and if there must be a class of 'general practitioners,' let them be required to pass through the respective grades of the profession, and be thoroughly informed in physio, surgery, and pharmacy—in no other way can he, who undertakes such complex and onerous duties, be legitimately educated;



and, finally, I would say, as far as the governing bodies in England and Scotland are disposed to subscribe to a similar arrangement, let equality of privilege and rights be extended."

We could have wished that Dr. Leet had been a little more explicit with regard to details; but, so far as he has developed his views, they appear to us to be not very far from what is required by all rational advocates of reform. "In practice," says Dr. L., "let each branch confine itself to its own department;" thus clearly pointing to the establishment of a class of *pharmaciens*, or pure scientific apothecaries. The promotion of such a measure has been always a chief object with us, and we have never ceased to desire that pharmacy should be raised to the rank of an independent and honourable profession, and that its followers should be secured the means of supporting such a position by due and efficient legal protection. It certainly has never been our wish to degrade the profession of pharmacy, but, on the contrary, to elevate it to the highest possible rank of usefulness and prosperity, which, we think, can only be done by providing that it shall be pursued by persons having an interest in attending, exclusively, to its cultivation. Let us not be understood, however, as wishing to deprive any one of privileges which he now enjoys either by law or prescription—we speak only of the future.

With regard to the general practitioner, we quite agree with Dr. Leet, that he should be thoroughly informed in physic, surgery, and pharmacy; but we are also disposed to concur, with all the respectable general practitioners of England, in thinking that a person so qualified should not have the power of trenching upon the pure apothecary by keeping open shop.

One matter is now quite clear, viz., that reflecting men of every party see that *something must be done*—this is the first step to a thorough reform.

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, MAY 14.—Council met.

W. Hutchinson, M.D., Leitrim Infirmary, Carrick-on-Shannon; — Lloyd, M.D., do.; — Backhouse, M.D., do.; — Powell, M.D., do.; — Smith, M.D., do.; — Wm. Mulville, A.M., M.B., Gort; — Robert Murray, A.M., M.D., Beech-hill, coroner of the county of Monaghan; — J. T. Hurst, M.D., Clones Fever Hospital; — J. Logan, M.D. Finglass; — O'Grady, M.D., La Mancha, Swords; were admitted members of the association.

SATURDAY, MAY 19.—Council met

George Nixon, M.D., Enniskillen Infirmary; — T. A. Kirkwood, M.D., Rathfarnham; — Tierney, M.D., Leigblin-bridge; — Ryan, M.D. Ballingarry; were admitted members of the association.

It having been suggested from many quarters that the country members should stop in Dublin at the same hotel, the Council have ascertained that every necessary accommodation can be given at Radley's Hotel, College-Green, where a separate room will be appropriated to the use of members of the Association.

#### POOR-LAW INTELLIGENCE.

CORK UNION.—Dr. Woodroffe appeared at the Board of Guardians for the purpose of remonstrating against the resolution, (reported in our last number,) rating him as an occupier of the South Infirmary, to the value of £100. After some discussion, Dr. W. admitted his liability, and agreed to make a return of the number of his pupils, and the profits arising from them.

#### MEDICAL INTELLIGENCE.

Last Friday a public meeting of medical practitioners was held in the large room of the Police Buildings, to consider the best means of opposing the measures which have been taken by the Apothecaries' Hall to prevent non-licentiates from dispensing drugs. Doctor James D. Marshall was called to the chair, and Dr. Hurst was appointed secretary — *Drogheda Argus*.

HEALTH OF TOWNS.—Dr. Maunsell has been summoned to attend the select committee of the House of Commons, to give evidence relating to the state of the habitations of the poorer and working classes of Dublin, &c., and suggestions of sanatory regulations for their benefit.

#### HOUSE OF LORDS.—MAY 8.

Lord PRUDHOE presented petitions from Northumberland in favour of medical reform, and against any alteration of the corn laws.

#### HOUSE OF COMMONS.—MAY 14.

Lord TEIGNMOUTH presented a petition from the medical practitioners in Marylebone praying for medical reform.

MAY 15.—Mr. LEADER presented a similar petition from the medical practitioners in St. Martin's-in-the-Fields.

#### MEDICAL ASSOCIATION OF IRELAND.

The GENERAL MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE GREEN, DUBLIN, on WEDNESDAY, the 27th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'Clock precisely.

Gentlemen will be required to produce, at the door, their Cards of Admission, as Members of the Association.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'Clock, precisely.

DINNER TICKETS, Price Fifteen Shillings each, to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day between the hours of Ten and Four o'Clock; or from the Stewards, Mr. F. WHITE, Dr. MACDONNELL, and Dr. BELLINGHAM.

Members who intend to Dine, are particularly requested to take their Tickets on or before Monday, the 25th instant.

The Council will hold Special Meetings, at 13, Molesworth-street, on Tuesday, 26th instant, at Four o'Clock, (at which Delegates from Local Societies are requested to attend,) also on Wednesday, 27th, between Nine and Half-past Ten o'Clock, for the Admission of Members, and issuing of Cards.

By order of the Council.

H. MAUNSELL, Secretary.

#### WEXFORD MEDICAL ASSOCIATION.

The MEMBERS of this ASSOCIATION are requested to meet at WHITE'S HOTEL, Wexford, on SATURDAY, the 23d instant, at One o'Clock, precisely, to consider the Propositions to be submitted to the CONGRESS, to appoint Deputies, and to transact other business.

RICHARD CRANFIELD, Secretary.

Enniscorthy, 16th May, 1840.

P.S.—Gentlemen intending to become Members of the Association, are requested to signify it to the Secretary.

#### ARMAGH MEDICAL ASSOCIATION.

The MEMBERS of the ARMAGH MEDICAL ASSOCIATION are requested to meet in Armagh on FRIDAY, the 22d Inst., at FOUR o'Clock, P.M., to take into consideration the Propositions submitted to the Profession by the General Association.

A. ROBINSON, Secretary.



TO THE EDITORS OF THE DUBLIN MEDICAL PRESS.

172, Bond-street, May 14, 1840.

GENTLEMEN,—I am happy to find by the reports I am daily receiving from Dublin, and most of the great towns of the United Kingdom, that the public is at length undeceived with regard to the injurious statements and artful practices by which its confidence has been abused.

I shall feel obliged by your inserting the accompanying letter; and beg, particularly, to call the attention of your readers to the extract of a letter signed "J. Murray."

I am, Gentlemen, your obedient servant,

C. DINNEFORD.

TO W. B. HERRON, NATIONAL MEDICAL HALL, WHOLESALE AGENT FOR  
DINNEFORD'S SOLUTION OF MAGNESIA.

SIR,—Having now completed my arrangements for the Wholesale Agency of my Condensed Solution of Magnesia, I seize the opportunity to address a few observations to you and my other correspondents, in order to guide them in their dealings with the numerous respectable agents connected with them, and to enable you and them to impart every information concerning this valuable remedy, as well as to remove every misstatement of which it may have been the object. My first wish is, that you should observe the great degree of purity and perfection to which I have been able, by much thought, great labour, and expense, to bring this preparation. You will see that the unsightly deposit and crystals, which were the subject of much complaint, (particularly with the Irish preparation,) are now altogether removed. I beg you likewise to observe very carefully, that though made perfect now in purity and clearness, it is of undiminished strength, being, as you will perceive by the analysis of the eminent scientific chemist, Mr. Morgan, 33 per cent. stronger than Sir James Murray's.

I daily receive the most gratifying testimonials of the superiority of my preparation; of these I subjoin a few from a variety of sources, to which I might add many of a like description:—

Certificate of W. T. Brande, Esq., of Her Majesty's Mint, F.R.S., Professor of Chemistry at the Royal Institution, &c., &c.

"Royal Institution, 12th June, 1839.

"I have evaporated two ounces of Mr. Dinneford's Solution of Magnesia, and I find that the residue, which is a pure hydrated Carbonate of Magnesia, weighs thirty-eight grains.

"Wm. Thos. Brande."

Professor Brande also says, in his *Manual of Chemistry*, "this preparation is very useful in calculous affections."

Copy of a Certificate from SIR HENRY HALFORD, Bart., President of the Royal College of Physicians.

"SIR,—I have seen the Machinery and the Process by which you prepare the pure Solution of Magnesia, and have been highly pleased by all that I have seen. The preparation is a very nice one to take, and further experience, I dare say, will enable me to declare that it is as effectual in operation, as it is pleasant to taste.

"I am, dear sir, yours,

(Signed)

"Henry Halford.

"To Mr. Dinneford, 172, New Bond-street—March 21, 1840."

Copy of a Certificate from Sir David Davies, Physician to the late King, and Her Majesty the Queen Dowager.

"2, Berkeley-street, February 4, 1840.

"Having had frequent opportunities of prescribing Mr. Dinneford's Solution of Magnesia, it gives me pleasure to state, that I have not only found it an efficacious, but a very agreeable form of administering a valuable medicine, which I consider far superior in purity to any other preparation of the kind that I have yet seen: this I attribute chiefly to the perfect manner in which Mr. Dinneford conducts the process, and the ingenious machinery employed, both of which I have at his request inspected.

"D. Davies, Physician in Ordinary to the Queen Dowager."

Certificate of Dr. Southwood Smith, Physician to the London Fever Hospital.

"I have tried the Solution of Magnesia prepared by Mr. Dinneford, and have been much satisfied with its effects. It appears to me to be a very convenient form of administering a very useful medicine.

"36, New Broad-street, August 29, 1839."

"Southwood Smith, M.D."

"Certificate from Dr. Hawkins, Senior Physician to the Middlesex Hospital, and Registrar of the Royal College of Physicians.

"Curzon-street, October 28, 1839.

"SIR,—Having for some time past been in the habit of recommending occasionally your Condensed Solution of Magnesia, I have no hesitation in stating my opinion, that it is a highly useful and agreeable antacid and aperient medicine.—I am, Sir, yours faithfully,

"To Mr. Charles Dinneford."

"Francis Hawkins, M.D."

Copy of a letter from Dr. Yates, Physician to the Brighton Hospital.

"SIR,—I have prescribed your Solution of Magnesia, and found it a very efficacious and agreeable form of administering an important remedy. I consider its introduction as highly beneficial in the practice of medicine.

"I am, sir, your obedient servant,

"Thomas Yates, M.D.

"Mr. C. Dinneford, Bond-street, London."

"Regency-square, Brighton, Sept. 30, 1839.

Dr. Collier, in his Companion to the London Pharmacopœia, says, "Dinneford's Solution of Magnesia contains about eighteen grains in a fluid ounce of distilled water; an ounce or two of this preparation, with the addition of a little lemon juice, forms a mild aperient for delicate habits; with reference to its antacid properties, it is the best corrective and ordinary aperient throughout the stages of infancy."

Mr. Herron, of the National Medical Hall, Dublin, says, "There are four makers in Dublin, yours is the best—it is really beautiful. I enclose you Surgeon Morgan's certificate of your preparation, he says it is the purest he ever saw. It is thirty-three per cent. stronger than Sir James Murray's, whose preparation he formerly examined and reported on."

Extract of a letter from Mr. Mungeam, Cheltenham, dated September 16, 1839.

"I am happy to say the sale of your Fluid Magnesia increases daily. I have heard numerous complaints of the rivals', but not the shadow of a complaint against yours; it is splendid—and I may add for your satisfaction, that the profession here are much pleased with it."

Extract of another letter, of a more recent date, from the highly respectable firm of Messrs. Lea, Perrins, and Smith, Cheltenham.

"We have heard some favourable remarks on your Solution of Magnesia, as compared with Sir James Murray's, that we feel inclined to vend your preparation, and shall therefore be glad if you will send us a supply."

A similar application has also been made by the highly respectable firm of Messrs. Beaven and Foster of Cheltenham.

You are doubtless aware that my acknowledged success in perfecting this remedy, and the consequent favour of



the scientific and general public, have brought upon me the virulent aspersions of a disappointed and angry individual. I have already stated to the public that I would not take any further notice of his calumnious hand-bills, considering, with justice, that the exposure which has already taken place, of his recklessness of assertion, must deprive all his injurious statements of that authority and influence which ignorance of his proceedings might otherwise have given them.

But I feel that, with my correspondents in business, it is due to myself to advert once more to this offensive subject. It shall be done briefly.

Soon after my Solution of Magnesia became known to the medical world, I received an unsolicited testimonial of its value from that eminent physician, Dr. Conquest. Though I have received many such since, this at the time was very gratifying to me, and I made it public. I had no sooner done so, than Sir James Murray, in great alarm, called upon Dr. Conquest, and, by dint of misrepresentation and injurious statements, made such an impression upon his mind, that he expressed regret at having written my testimonial. This regret was founded upon Sir James Murray's supposed "rights to the Condensed Solution of Magnesia." There is indeed a very significant sentence added to Dr. Conquest's note to Sir James Murray: it is this—"I say this on the assumption that all you have said to me is based upon TRUTH." Here indeed is a great ASSUMPTION. I had not much difficulty in proving to Dr. Conquest that the story told him was any thing but "BASED UPON TRUTH," and though a physician has a very natural dislike to be dragged into a controversy of this kind, he has assured me that he had enquired into the circumstances and further permitted me (I use his own words,) "to continue the use of the certificate I gave you."

Another person put forward by Sir James Murray, to substantiate his pretensions and criminate my conduct, is John Murray, whom he styles Lecturer on Chemistry, Hull. The name, in this instance, was striking, but the abuse contained, in a supposed letter from him, was of such a character that I felt some apology to be due to me for so wanton and unprovoked an aggression. I confess I was much surprised to receive in answer to a letter addressed to him, the following reply:—

"SIR,—My rejoinder to Sir James Murray was in return to a private letter from him, and meant as confidential. It was simply and exclusively expressed in connection with the priority as to the introduction of Soluble Magnesia to the public, not about your *improvements*. I entirely repudiate the idea of calling for an instant in question, your respectability; a moment's reflection must tell you that this is IMPOSSIBLE.

"You were a total stranger to me, and I never even had heard of your name till Sir James Murray mentioned it and referred to it. How could I question the character of an individual to whose name I was an utter stranger, and whose being I was not aware of. Of the peculiar merit of your Solution of Magnesia, I know nothing—I do not question its excellence. I never dared to doubt or call your name and character in question. So far from wishing to injure you, in thought, word, or deed, I would do you a kindness if I could—in proof of my sincerity, I have written to Sir James Murray to cancel, *toto cælo*, my name in connexion with his testimonials.

"I have the honour to be, sir, your obedient humble servant,

"JOHN MURRAY.

"Hull, 4th March, 1840.

"Mr. Charles Dinneford, Bond-street, London."

A third person, from whose pen Sir James Murray has pretended to cull matter of accusation against me, is Mr. Charles Clarke. This gentleman is the only one of those, whose letters are printed by Sir James Murray, with whom I had any previous acquaintance. To him I immediately addressed myself. His answer to me was the indignant denial of an honourable man, and the copy of his letter to Sir James Murray, (which he has had the kindness to send to me,) is at utter variance with the impudent fabrication attributed to him.

You here see the liberty which Sir James Murray has taken with the confidential letter of his friend, and with that of Mr. Clarke. You will then be the less surprised that he has ventured upon the same freedom with much greater men, Sir P. Crampton, the Surgeon-General of Ireland, Mr. Carmichael, Dr. Labatt, and Professor Kirby. The letters of the above eminent persons in his printed hand bills were not addressed to himself, but, by a sleight-of-hand, easy to this gentleman, he has substituted his own name for that of another person. Mr. Herron, of the National Hall, Dublin, says: "You will see by the enclosed, Sir James Murray has removed my name from the certificates given me, and substituted his own;—he has broken his contract with me in every way.

I am not the only person who complains of the misrepresentations and injurious language of Sir James Murray. He has not hesitated to attack the reputation of Mr. Read, by attributing to him also scientific piracy: his dispute with this excellent person had its origin in the discovery of an Instrument for restoring Suspended Animation, in which Sir James Murray fancied he could discover some resemblance with one invented by himself. Mr. Read writes, "I never saw Sir James Murray's Instrument to this day, more than nine years after my instrument was presented to the Royal Humane Society"!!! But I am sure that the long established character of Mr. Read requires no vindication from me. I trust that such disregard of truth, and of the plainest rules of fair dealing, will be sufficient to deprive this person of all credit with every honourable man.

To my brother Chemists I wish to expose certain other acts of his, which, I am sure, will meet the reprobation of every person in business. No sooner was he aware of the very great superiority of my preparation to his own, and of the consequent favour it had met with from the public and the medical profession, than, being unable to follow and imitate my processes in the manufacture, he deliberately set himself to copy my labels, hand-bills, and advertisements so exactly, and imitate all the outward forms under which this preparation is sold so closely, that persons who are desirous of obtaining "Dinneford's PURE Solution of Magnesia," may be deceived by mere external appearance. This vulgar and mean deceit will not, I am sure, be countenanced by any respectable member of the medical profession; but rather be accepted by him as the strongest attestation Sir James Murray himself could give, that my Solution is superior to his own, and an ample confirmation of the admission publicly extorted from him, "*that the process of its preparation had been greatly improved by me.*"

I trust that you will take every means to sustain, in the sale, the high character which the Fluid Magnesia has gained in the manufacture; and that you will be particularly careful in the selection of the most respectable Agents, into whose hands you will place it. Should any of them express the smallest doubt of the truth of the facts above narrated, you need only assure them that, on application to me, these doubts shall be instantly removed by the exhibition of the documents upon which the foregoing statements are founded.

I am, sir, your obedient servant,

CHARLES DINNEFORD,

Family Chemist to Her Majesty the Queen Dowager,  
And H. R. H. the Duke of Cambridge.

172, Bond-street, March 25, 1840.

\* See the DUBLIN MEDICAL PRESS, dated Wednesday, January 9th, 1839.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXXIII.]

DUBLIN, WEDNESDAY, MAY 27, 1840.

{ PRICE SIXPENCE,  
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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE XII.—VENEREAL DISEASES.

*Phagedenic ulcers of the fauces—beneficial effects of cauterization with a strong mineral acid.—Ulcers of the nares—Application of nitrate of silver in substance and in solution.—Ulceration of the larynx—tracheotomy the only cure, and why.—The scaly venereal disease, or syphilis—Mercury its appropriate remedy, and why.—Action of mercury on the system.—Mode of conducting a mercurial course.—Symptoms common to all forms of venereal, the papular, perhaps, excepted, viz., soft elevations on the tongue—clefts on the tongue—small, aphthous ulcers inside of the cheeks and lips—condylomatous elevations of the skin near the anus—falling off of hair and nails.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—The ulcers of the throat, which attend the phagedenic form of venereal, display, to the full extent, the virulence of this disease. There is no part of the fauces, but more particularly in front of the bodies of the vertebrae, that is not liable to be assailed; and wherever it commences, it spreads with a frightful rapidity to all the other parts, so that it is not unusual to see the velum, uvula, tonsils, and back of the pharynx engaged in one foul ulceration, extending upwards into the nares, and downwards into the œsophagus, destroying the epiglottis, and penetrating to the larynx. The affection of this last organ produces a train of most distressing symptoms, which sooner or later, if not met by the timely operation of tracheotomy, causes the death of the patient. The signs by which the extension of the ulceration to the larynx is known, are hoarseness and a loss of voice to a degree that the patient in speaking, is often scarcely audible. He is also tormented with an eternal hawking up, or coughing of a thick viscid matter from the affected organ. In some cases, however, as I before mentioned, a distinct and insulated attack of

ulceration, not caused by the extension of one from the fauces, will take place in the larynx; and the same observation applies to ulceration of the nares. The signs of the latter affection are, a nasal voice caused by obstruction, arising from a thickened and inflamed mucous membrane, or from the accumulation of crusts, occasioned by the constant current of air in drying up the matter of the ulcers. With these symptoms there will be also a discharge of offensive matter, and occasionally of the crusts just mentioned, tinged with blood. When any of these symptoms arise, an examination with the probe will usually discover more or less of ulceration, accompanied by an inflamed state of the mucous membrane. It will be fortunate for the patient if the probe will not also ascertain the existence of carious bones, which are soon occasioned by ulcers in this situation. The turbinated bones and the vomer, with the cartilaginous septum, are those most liable to be assailed in the first instance, but if the disease is not checked, the caries will soon extend to the maxillary and nasal bones, followed by a sinking in of the nose. The constitution of patients thus assailed, suffers also considerably. They become emaciated—the countenance betrays serious bodily illness, as well as great mental anxiety, concerning the result. As soon as we see an ulcer such as I have described, covered with white tenacious matter, and extending with a phagedenic margin, in any part of the fauces or nares, our great object is to check it as soon as possible, before it irretrievably injures parts essential to the life or future comfort of the patient. Mercury exhibited internally will not check, but on the contrary, accelerates the progress of those ulcers. The practice I pursue is to cauterize with the nitric or sulphuric acid the ulcers of the throat, before they extend to the larynx or nares, when perhaps nothing else will avail to check their progress. In pursuing this practice, (the same as was recommended for primary phagedenic ulcers,) I take



especial care to cauterise their margins, for they extend by a phagedenic edge, and shew the first signs of reparation in their centre; in which respect those ulcers, which arise from a morbid poison, differ from common ulcers which heal first at their margin. The application of the escharotic is often successful beyond our most sanguine expectations; but if the ulcer appears still to be extending in any portion of it, by the phagedenic process, the acid ought to be again applied to that part. After each application, I without loss of time, apply a sponge, attached to a piece of whalebone, moistened in a solution of potash or soda to the cauterized surface, in order to prevent any unnecessary extension of the escharotic. In some instances I have applied nitrate of silver to ulcers of the throat with most decisive advantage. The most effectual way of doing so is to use that substance in powder, which is readily applied by means of moistened lint on the end of a probe; and this is a very easy mode of cauterizing, with the same substance, ulcers of the nares when in view. When the disease is manifested in the nares by the symptoms detailed, we should endeavour to ascertain the situation and extent of the ulcers, which can only be done after all crusty matter is removed by ablutions with warm water, either by means of a syringe, or by inducing the patient to draw it up into the nares by a strong inhalation. If the ulcer is within reach, and no carious bone discovered by the probe, the nitrate of silver should be applied in substance. If it is beyond sight, then we must content ourselves by syringing the nose frequently with a *weak* solution of nitrate of silver, for a strong solution could not be borne without exciting much irritation and sneezing—half a grain to an ounce will suffice to begin with, which may be increased afterwards to four times that quantity.

If the ulcer is in the larynx, there can be but little hope of inducing it to heal, on account of the constant current of air through this passage, and the frequent motion to which it is subjected, as the chief organ of voice. I have, however, in many instances, and with decided advantage, passed into it a long bent probe, or metallic bougie, covered with lint, moistened in a solution of nitrate of silver, of from six to ten grains to the ounce of distilled water. In the act of passing the bougie, thus armed, into the larynx, the patient should be desired to project the tongue as far as possible from the mouth, which prevents the epiglottis from closing the aperture of the larynx; but in the great majority of cases I must confess that nothing more than mere temporary alleviation was obtained by this or any other measure I have seen tried, with the exception of tracheotomy. The other measures to which I allude are mercurial fumigations—mercury internally exhibited, and blisters, moxa, tartar-emetic ointment, caustic issues, and setons to the integuments covering the larynx.

I proposed tracheotomy as a remedy for ulceration of the larynx in the second edition of my work on venereal, with the view of making an artificial opening through which the patient might breathe and thus to permit the larynx to remain in a state of quiescence, relieved from a constant current of air, advantages which conduce to the healing process in an ulcer wherever situated. Not long after this proposition was made, I had an opportunity of trying it in a case deemed hopeless by practitioners of great experience. It succeeded, however, beyond my most sanguine expectations: and I have since practised frequently this operation with great success, an account of which has been given to the public in the third and fourth volumes of the *Transactions of the Association of the College of Physicians*, and in the second volume of the *Dublin Medical Journal*. But my friend, Professor Porter, has since performed tracheotomy not

only in cases of venereal ulceration of the larynx, but in other chronic affections, with the most perfect success, an account of which he has given in a valuable work on the subject, which is in the hands of every professional man. Others have adopted the same measure with equal advantages, so that the utility of tracheotomy in such cases may now be esteemed as established. I, however, have often had occasion to regret to see it postponed until the lungs had become emphysematous, or, in other respects, incurably diseased. Such delays are calculated to bring a most beneficial measure into disrepute.—[Mr. C. here shewed numerous preparations, illustrating extensive ulceration of both pharynx and larynx, in some of these instances tracheotomy had been performed, and a portion of the rings of the trachea removed, as recommended by him, in order to leave an aperture sufficiently large for respiration, without a tube.] In this preparation, exemplifying extensive ulceration of the pharynx, the lingual artery gave way, and the patient died of hæmorrhage before assistance could be had to secure the vessel. In this other preparation, you observe caries of the bodies of two or three cervical vertebræ, the consequence of phagedenic ulcers of the pharynx. The irritation, and consequent inflammation occasioned by the presence of these ulcers, will sometimes produce abscesses below the ulcer in front of the bodies of the vertebræ, which, by their projection into the œsophagus, will completely prevent deglutition, and even sometimes by their pressure on the larynx or trachea, impede respiration to an alarming degree. As they occasion great distress, and may even be ultimately fatal, before they spontaneously break, in consequence of the dense fascia which runs along the bodies of the vertebræ, by which they are covered, it is necessary to open them as soon as the presence of matter is ascertained.

If the abscess lies at the lower part of the pharynx, immediately behind the larynx, it will give, as elsewhere, to the finger a firm elastic feel, and if it should not be very large, it may at once be opened with a sharp-pointed bistoury; but if you have reason to suspect that it is of considerable magnitude, the more prudent plan will be to open it by means of a curved trocar, for fear the matter might rush into the larynx, and suffocate the patient. Sir Everard Home's trocar for puncturing the bladder, or one a little more curved, will answer the purpose perfectly well, and no danger can arise by taking the central line of the bodies of the vertebræ for your puncture.

I mentioned several instances of this abscess in a paper inserted in the third volume of the *Transactions of the Association of the College of Physicians*, in which I detailed the case of a man who laboured under secondary venereal symptoms, for which he had used mercury extensively; he complained of great difficulty in swallowing, attended with stiffness and immobility of the neck; the slightest attempt to rotate the head or raise the chin, was attended with acute pain. On examining the fauces there was nothing unusual: the obstruction was lower than this situation, and opposite the larynx; but every attempt to pass a sound was attended with such extreme pain and convulsive efforts, that all exertions in this way to remove the obstruction were found unavailing. The obstruction gradually increased to such a degree, that the patient could not swallow even a drop of liquid. His respiration also became impeded and croupy, and in this state he expired, but sooner than was anticipated, and rather unexpectedly. On examination it was ascertained, that an abscess situated on three or four of the cervical vertebræ opposite the larynx, which were found carious, was the cause of the obstruction to the passage both of food and air, and that a simple puncture might have afforded relief



from those urgent symptoms, which were the immediate cause of his death.

From my experience of the advantages likely to arise from the application of a strong mineral acid, or the nitrate of silver in substance, to phagedenic ulcers of the throat, I would recommend you to give these the preference, in the first instance, to all other means. Should you, however, prefer milder measures, great utility may be also afforded by fumigating the throat with some mercurial preparation—that usually employed is the red sulphuret of mercury. The fumes, however, arising from this substance, are so sharp and suffocating, as not be easily borne by the patient. I, therefore, usually direct equal parts of this preparation, and of the hydrargyrus cum creta—for instance, a drachm of each—to be used in the form of fumigation three times a day. But if it is directed for ulcers of the nares, the hydrargyrus cum creta is the only preparation which can be endured. Although these applications are extremely useful, by inducing a favorable change upon those ulcers, yet they are sometimes attended with the inconvenience of mercurializing the system even to salivation, which, before the eruption has become scaly, may be highly injurious, by rendering the general disease much more unmanageable. On this account, therefore, I direct those fumigations to be discontinued, as soon they appear to have produced any mercurial action in the system. A mercurialist, on the contrary, would rejoice in witnessing an effect which I thus deprecate.

Pains in the large joints, particularly in the knee, are very severe in this form of disease, and require sometimes the repeated application of leeches, blisters, and tartar emetic ointment. Many years ago, before I understood these practical distinctions in venereal diseases, a gentleman was under my care, as well as that of Mr. Colles and Dr. Stoker, for a constitutional phagedenic disease. He underwent repeated salivations for a variety of symptoms, which were sometimes relieved and sometimes rendered worse by each course; but any relief which was obtained was only temporary, as the symptoms were sure to return again; and it often happened, most provokingly, that in the midst of a salivation some new affection, such as a node or an acute inflammation of a joint would make its appearance, while each successive course perceptibly lowered the powers of the patient. At length one of his knees became the chief object of attention. The synovial inflammation of this joint continued to increase, till at length unremitting pain, startings of the limb, and other symptoms, indicated that the cartilages were engaged. A numerous consultation was called, and amputation was recommended as the only measure which afforded a chance for life, which operation I performed, assisted by the gentlemen consulted, Messrs. Peile, Colles, and Crampton. On examining the joint, the cartilages were found diseased, and matter in its cavity. I need scarcely state the result. This unfortunate gentleman, worn down by the repeated mercurial courses he underwent, could not stand against the shock of the operation, and died a few days afterwards. The reflection, however, which it excited in my mind, led me at once to a more judicious practice; for, contrary to the received opinions which prevailed at that time respecting the venereal, it now first struck me that there were forms of the disease which would not yield to mercury, of which this melancholy case afforded a striking example.

It may possibly be objected, that when lecturing on scrofulous inflammation of the joints, I strongly recommended mercury as the most efficient remedy we possess of averting an affection, which too often causes the disorganisation of the joints assailed—a statement supported by a great number of successful

cases in this hospital. The facts relating to the venereal inflammation of the knee joint, in the case just stated, and of the repeated use of mercury for its removal, is equally true. But from one fact alone I should not come to the conclusion that we should, in all cases, abstain from mercury in venereal complaints when the joints are affected, without further evidence in support of such a position. The fact, as far as I know, stands alone. But I should be unwilling to give mercury in this form of disease for any affection of the joints, if the eruption was recent, for reasons adverted to more than once: I should first prefer a fair trial of the hydriodate of potash or colchicum, with cupping, leeches, and blistering, to meet the inflammation of the synovial membrane. If nodes should occur, the observations made with respect to those of the pustular form of venereal are equally applicable to these of the phagedenic, and need not be here repeated. When we examine the patients in the wards, I make no doubt but that we shall meet with several cases illustrative of the symptoms and treatment of the phagedenic disease. In the mean time, as it is fresh in my memory, I shall briefly mention a case I was called lately to see, in consultation with Mr. Madden, lecturer on anatomy in the Peter Street School of Medicine, as it illustrates, in a most satisfactory degree, not only the congeries or grouping of symptoms which characterize this form of venereal, but also the great advantages resulting from the treatment recommended. The patient was about 50 years of age. He was affected with a chronic phagedenic ulcer on the penis, which had caused considerable destruction of the glans and prepuce, but was still creeping on in one direction, while healing in another. There were extensive sores on various parts of his body, some covered with the conical crusts of rupia, and others foul and deep, with phagedenic edges. He was worn down and emaciated, being confined to his bed for some time on account of mere weakness. But what alarmed his friends most was an extensive ulceration, engaging the greater part of the fauces. As far as could be seen it was covered with white tenacious matter, and had destroyed the greater part of the velum. Nitric acid was immediately applied to this extensive ulcer, and he was ordered decoction of sarsaparilla with hydriodate of potash. I saw him yesterday, a fortnight after the application of the acid to the throat, and was agreeably surprised to find that the ulcer was nearly healed, and that he could swallow without difficulty. Other ulcers scattered over his body were also improving, and his general appearance marked the amendment that had taken place in his constitution.

Before I conclude my observations on the treatment of the phagedenic form of disease, I should not omit to mention the great advantages which a change of air from the city to the sea-side often affords, for the primary, (when obstinate and lingering,) as well as for the secondary symptoms. In this disease the patient's strength is often very much reduced. He becomes pale, sickly, and emaciated, and often indispensably requires the invigorating influence of an atmosphere on the sea-shore.

I shall now proceed, gentlemen, to the consideration of the treatment of *syphilis*, as described by Hunter, or that form of venereal disease which produces the scaly eruptions, lepra and psoriasis. This is the form for which mercury is most efficient, and therefore this part of our subject necessarily involves a consideration of the action of mercury on the system, and the mode of conducting a mercurial course; which will render it necessary to point out and contrast what may be esteemed the legitimate and healthy action of mercury on the system, with those unhealthy actions or morbid states, that it is also capable of exciting,



and which it is absolutely necessary you should be well acquainted with; for a perseverance in the use of this medicine, when they occur, would probably lead to the very worst consequences.

The true Hunterian chancre, with its hardened edge and base, yields with certainty, as far as my experience extends, to a well-conducted course of mercury, and the same may be said of the eruptions, the ulcers of the throat, and the nocturnal pains and nodes which it occasions. From experiments I have tried, two of which are detailed in the 2d edition of my work on the venereal, I have no doubt but that even this form of the disease will yield to the power of the constitution, without the exhibition of a grain of mercury; but so long a period must elapse, and, perhaps, so much suffering may arise if treated without the remedy, that it is not likely this form of venereal will ever be generally managed without it. I shall, therefore, at once enter into a consideration of the mode of conducting a mercurial course.

A course of mercury should be conducted more with reference to the effects of that mineral upon the system than to the quantity exhibited. We should never direct it without enquiring of the patient his own experience of this remedy on his constitution; for in some, even the most robust, salivation is immediately excited by the minutest quantities of mercury; while in others, even the worn-out valetudinarian, its effects can only be produced by maximum doses. Unlike other stimuli, habit, instead of diminishing, seems to increase the susceptibility of the constitution to receive its impression. Thus, an incredibly small quantity may excite profuse salivation in persons habituated to this medicine, and, therefore, to patients of this description it ought to be exhibited with great caution; for such an effect in those who have been already worn down by repeated courses, may induce a state of exhaustion attended with the utmost danger.

From the effects of mercury on inflammation of the iris, where its powers in subduing inflammation, and causing absorption of depositions of lymph, are manifest to our senses, it is obvious what a powerful instrument we possess, equally capable, according as it is used, of effecting great benefit or irremediable mischief. Its action on the system is not only powerful but peculiar. As an agent in the cure of syphilis, it probably acts by exciting an irritation adequate to supersede that of the morbid poison in question, the fever of which, compared to that of the other forms of venereal, is inconsiderable; and on this account, perhaps the disease yields so slowly to the powers of the constitution; therefore, the aid of an artificial fever, is required to expel the poison from the system. But this observation is merely conjectural, and our time would be better occupied in considering what are the signs of mercurial action on the constitution, and by what preparations and doses it may be most safely excited.

If our object be to produce a mercurial action, which is to be sustained steadily for several weeks, such as would be indicated for the form of disease under consideration, the mildest preparations of mercury are to be preferred, such as the oxyde in the form of blue pill, which is less likely to irritate the stomach and bowels than any other preparation. Even this frequently produces griping pains, and a mercurial diarrhoea, or rather dysentery, as the dejections contain the mucus of the irritated bowels tinged with blood. These pains may be obviated, by blending with the blue pill small doses of opium, such as one-fourth or one-half of a grain to each pill containing five grains, which may be taken twice or thrice a day. But should mercurial dysentery arise, they ought to be discontinued altogether, and a draught exhibited containing twenty or thirty drops of tincture of opium,

combined with from ten to twenty grains of aromatic confection, which usually acts like a charm in removing this distressing attendant upon the use of mercury.

Some have such an irritable state of stomach and bowels as to render it impossible to persevere in the internal use of mercury even when combined with opium. In such instances we must rely on its external employment. Half a drachm of mercurial ointment for females, and a drachm for males, to be rubbed on the inside of the thighs every night, may be esteemed the medium quantity for persons in other respects enjoying good health. If the patient is sufficiently strong, he should rub it in himself; but a delicate person should employ an assistant, whose hand is protected by a bladder, prepared for the purpose. The entire quantity may be rubbed in at once or one half rubbed in night and morning, which I think the better plan, as it is less fatiguing, and is more likely to be well introduced. It is better to rub it in on one thigh at a time, in order to avoid, as far as can be done, the pustular eruption which the constant contact of the ointment is apt to occasion; and every second or third day the ointment should be washed off with soap and warm water. The patient, during this course, should be directed to wear the same drawers both day and night. About the fourth or fifth day he usually begins to perceive a brassy taste in his mouth, particularly in the morning. A mercurial fetor may now be observed in his breath, and white lines along the inside of his cheeks, corresponding to the junction of the teeth when the jaws are closed. On the seventh or eighth day the gums will be felt tender; and, on examination, a slight degree of ulceration will be perceived on their edges, while they will exhibit, at the same time, a whitish appearance. If the mercury, either internally or externally applied, or combined in both ways, is continued in the same doses, profuse salivation may now be the consequence; and this inconvenience is best avoided, as soon as the indications I have mentioned are apparent, by diminishing the doses to one half. But in some persons these indications never occur, whatever be the quantity of mercury employed. In such instances we can only judge that the system is under its influence, by the pallid countenance of the patient, and the general fever which affects him, with, perhaps, a strong tendency to perspiration both by day and night.

At a time that a protracted and severe course of from six to twelve weeks duration was prescribed for every form of venereal complaint, and that the most trivial symptoms, such as are now found to yield, in general, to judicious treatment in ten days or a fortnight, without mercury, were subjected to this barbarous management, it was incumbent on the prescriber to use it externally, for no bowels under heaven could bear the quantity necessary to keep up a salivation for such a lengthened period—hence the general practice of introducing mercury by the skin. But it has of late fallen greatly into disuse, as most patients express their abhorrence of the filthiness of the process, and the quantity usually now prescribed, even by downright mercurialists, is not one-fourth what it amounted to twenty-five years ago: so that patients can bear well the internal exhibition of the doses now thought sufficient to remove their complaints. I, therefore, never direct frictions, except when either the patient has very delicate stomach and bowels, or is so exhausted by previous disease, (no matter of what nature,) that it would be imprudent to risk their disturbance by the internal exhibition of mercury; or when my object, in consequence of the urgency of symptoms, is to introduce that medicine as rapidly as possible into the system; and, therefore, I combine its external with its internal exhibition. Iritis is the only venereal symptom, when endangering vision,



for which I am anxious for the rapid introduction of mercury: and for this affection, along with the friction of mercurial ointment night and morning, I frequently prescribe a couple of grains of calomel, protected by opium, every third or fourth hour, until tenderness of the gums is obvious. This preparation I prefer, because it seems to possess the power of affecting the system more rapidly than any other. But under the circumstances adverted to, I have always found advantage, as has been already mentioned, in having recourse in the first instance to venesection, with the double view of the antiphlogistic effects of the measure, and of facilitating the introduction of mercury into the system. Indeed, I have seen instances in which even full mercurialization did not produce any beneficial effects on the inflamed iris, until the whole frame seemed to feel the debilitating influence of a large general depletion.

I ought to have observed, that under any circumstances for which we deem a mercurial course requisite, if the patient is of a full habit, it will be prudent, and even necessary, to reduce his powers before we begin the course by the exhibition of one or two purgatives and an abstemious plan of diet, or even by venesection, if he is of an inflammatory habit: by which means we best obviate the ill effects that, in such a constitution, the peculiar fever caused by mercury might produce.

Another point to which I beg to call your attention is the necessity of confining your patient to the house during a mercurial course; and so strongly am I convinced of the propriety of this advice, that, where this injunction cannot be complied with, I deem it better, even though the use of mercury be strongly indicated, to dispense with it altogether, and have recourse to other measures, than to exhibit it while the patient is exposed to our cold and variable climate. Many injurious consequences arise from this imprudence on the part of patients, amongst which I would particularly call your attention to a very frequent one, viz., inflammation and swelling of the fauces, attended sometimes with ulceration—the nature of which, whether arising from a venereal poison, from mercury, from cold, or from a combination of all these causes together, is not, at times, a very easy matter to determine.

The period in which it will be necessary to continue a mercurial course will depend upon its effects on the symptoms. If there is only primary ulcers to contend with, it is usual to persevere until the indurated base of the chancre is dispersed; but this often requires six or eight weeks, or even longer. But should it remain obstinate after a course duly conducted of six weeks' duration, I should scarcely feel myself justified to persevere beyond this period. I never wish for salivation, though it often arises unexpectedly even from small quantities of mercury, feeling contented with preserving a tenderness and slight ulceration of the edges of the gums. The late Professor Delpech mentioned to me that he was in the habit of destroying this induration of chancre, with common caustic, without ever having experienced any ill effects from this practice; several successful instances of which he pointed out to me in the hospital, under his charge, at Montpellier.

If the patient is affected at the same time with chancre, an eruption of lepra or psoriasis, and ulcers in the throat, I have always remarked that these secondary symptoms yielded much more rapidly to the mercurial treatment than the indurated base of the chancre. So that secondary symptoms in the soft parts, contrary to the received opinion, do not, as far as my experience extends, require a more protracted course than the primary affection. But it is far otherwise with respect to the disease in the hard

parts. The bones, from their organization, are affected with more difficulty by mercury than the soft parts, and, therefore, nodes in general require a much longer course to cure them than affections of the skin and throat. We should, however, not trust, in their management, to mercury alone—they are frequently, from the inflammation of the periosteum, accompanied with most acute pain; on which account, leeching, followed by blisters, are usually attended with great relief. Should these measures not succeed in affording ease, I never knew a free division of the inflamed periosteum down to the bone, with emollient poultices afterwards, to fail.

These observations apply to nodes arising from the pustular or phagedenic forms of venereal, as well as to that under consideration. It is remarkable, however, that of late years I have not met with any case which required this severe measure. If a simple enlargement of the bone remains, after a judicious course of mercury, unattended with pain or tenderness on pressure, it will be unnecessary to attempt its discussion, as it will probably remain for life without any mischievous consequences. The same observation applies to those dusky discolourations of the palms of the hands and soles of the feet which re-appear repeatedly in those who have had secondary symptoms. If they are unaccompanied by other complaints, and that the patient is apparently in the enjoyment of good health, I should not give myself much trouble about them, as I know they will resist severe courses of mercury, and the remedy in such a case is truly a hundred times worse than the disease. I always leave them, in a great measure, to the powers of the constitution, assisted by sarsaparilla, in conjunction with the hydriodate of potash. The same observations also apply to those small ulcers and smooth elevations of the tongue inside of the cheeks and interior of the lips, (accurately represented in these drawings,) which recur frequently even after the most severe courses of mercury. They may return, occasionally, for years, exciting in the patient more mental than bodily uneasiness; but there would be bodily uneasiness enough were we to inflict a mercurial course as often as they make their appearance.

These latter affections are common to the pustular, phagedenic, and scaly forms of disease, and the reason that there is no characteristic distinction is, in all probability, owing to the texture of the parts affected, which cannot display, like the cutaneous surface elsewhere, the peculiar characters of an eruption—a remark which is also verified by those soft elevations, termed condylomata, which are produced when one portion of skin is in contact with another, and exhibit always the same characters, no matter what the eruption may be with which the patient is affected.

The falling off of the hair and nails is also a symptom common, perhaps, to all the forms of venereal; but I have only observed it in the three more severe forms, and do not recollect to have seen it in any instance as a consequence of the papular disease. The separation of the nails in venereal patients is analogous to the desquamation of the cuticle in eruptions; but, as Mr. Hunter observes, there cannot be here that regular succession of nails as of cuticle. This affection of the nails to which the hands and feet are equally liable, constitutes the disease termed venereal paronychia.

In my next lecture I shall describe the symptoms and treatment of venereal diseases in new-born infants—afterwards consider the morbid states and peculiar diseases which mercury is capable of producing—and conclude by a brief summary of the symptoms, affections, and stages of venereal diseases, for which I would recommend the use of mercury.



# ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

## CASE OF HYDROPHOBIA.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—If you think the following case of sufficient importance to merit a space in your admirable Journal, pray give it insertion.

I have the honour to be, gentlemen,

Your most obedient servant,

SAMUEL A. DUGAN,

Surgeon to the Kilbeggan Dispensary, county of Westmeath.

On Thursday, April 16th, James Hacket, of Raheenmore, was brought to my dispensary, by Dr. Gannon of this place, in a hydrophobic state. About six or seven weeks' previous, on entering his employer's mill very early in the morning, (his shirt being the only portion of dress on him at the time,) a cat flew at and fastened on his right leg, inflicting a wound over the shin bone, about an inch and a half in width; in seizing the animal to free himself, she bit him in the thumb.

On Sunday, 12th April, a dog, supposed mad, wounded a man and woman—the former slightly—the latter severely. Hacket was one of those who ran to their assistance, and hearing the persons that were attracted to the spot express their fears that they would eventually become mad, he became excessively agitated, and rushed from the spot. The usual symptoms of the disease became rapidly developed—the wound on the leg was healed, and did not differ in colour from the surrounding integuments—the wound of the thumb was not perceptible—the countenance was expressive of much anxiety—the eyes wild and fierce looking—the pupils dilated—the conjunctiva not injected—the tongue brown, but moist—the skin hot and dry—the pulse 160 in the minute—bowels confined for four days—great pain in the epigastric region—no sleep (not even for a moment) since the previous Sunday. I presented him, suddenly, with a tumbler full of water—a paroxysm of the most awful character was the consequence. After some time I repeated the experiment, and with the same result. So soon as he could express himself, he begged, for God's sake, I would remove it from his sight.

His entreaties to give him anything that would enable him to quench his thirst with water, were incessant. He showed the utmost willingness to take in a solid form, such remedies as I approved of.

A scruple of calomel, mixed with treacle, and spread on bread, he ate, or rather devoured: and when he reached his home, two miles and a half from my house, his wife gave him cold drawn oil in the same manner.

I went the same evening to see him—he was in bed; and, during my stay, appeared more tranquil—his medicine had not acted on his bowels—his pulse reduced to 150. I requested that when his bowels had been purged, a messenger should come to me for further instructions—this was not complied with. The following morning I visited him—it was but too evident that the disease was progressing rapidly to a fatal termination. I was informed that in three hours after I left he died—having lived but twenty-seven hours after he was brought to me, and five days and twelve hours from the time his neighbours were injured by the dog.

I should have mentioned that sudden gusts of wind produced nearly similar effects as water—to guard against which he wore his top coat drawn over his head and face.

At my last visit I poured some water into a tin teapot, without his perceiving it, and suddenly pushed the pipe into his mouth. He swallowed two gulps, and was instantly seized with so fearful a paroxysm as to make me fear it was his last.

This case sets at rest any doubt that may have previously existed—as to madness, produced by the bite of a cat, being attended with dread of water. The wound in poor Hacket's leg, which, at first, had the same colour of the surrounding skin, three hours before his death (to the astonishment of his friends) appeared as if about to burst open.

TO THE EDITORS OF THE MEDICAL PRESS.

Skibbereen, May 8, 1840.

GENTLEMEN,—I have just had under perusal the lectures of that very superior surgeon, R. Carmichael, Esq., which attract so much attention to the pages of your excellent publication. His lectures on scrofula have, indeed, been most instructive and useful, both to the student and practitioner, and have brought to my mind a most obstinate case of that disease which has been, for the last three years, ineffectually subjected to every species of approved medical treatment, and the peculiarities of which, I would wish, with your permission, to lay before the profession, in the hope that some member of it might offer some suggestion, which may be beneficial to my patient, and to persons similarly affected, and instructive to your present correspondent. The subject of this scrofulous disease, which I shall presently describe, is now twenty-four years old, and it is now three years since it made its first appearance on him; he is exceedingly strong, muscular, and robust, and, with the exception of this disease, as free from constitutional infirmity as any person I ever knew—his complexion is dark—his habits temperate, and accustomed to active constitutional exercise—he is the second son of young and healthy parents in comfortable circumstances—he was born and reared in the country, where he had all the healthful advantages of the sea breeze, and in a large, well-aired, well-ventilated house; and long before this disease made its appearance, he got over all those infectious exanthematous diseases incident to youth.

From the history of this case, which I have carefully examined, I have looked in vain for the production of the scrofulous tumours to any of the causes described as producing such. It cannot certainly, in this case, be a disease of "*debility*," as Sir A. Cooper calls it—nor from any congenital tendency which the children of sickly parents might have—nor from the violation of that law (against close intermarriages,) which governs all organised beings—nor yet could it have proceeded from a damp or vitiated atmosphere, or unwholesome diet.

To what, then, can we ascribe it? It would be rash, nay, perhaps, ridiculous in me to say, in opposition to the generally-received opinions of the highest authority in the profession, that it proceeds from any hereditary predisposition or poison; but if there be any connection or similarity between this disease and phthisis pulmonalis which, I believe, is now universally supposed to exist, I am justified in the conclusion I have reluctantly come to—that it does, at least in some cases, proceed from an hereditary taint, by the fact of several members of this young man's family, at the paternal side, having died of tubercular deposition or phthisis-pulmonalis, just about the age at which those external symptoms (if I may call them so) of scrofula made their appearance in this case, which I shall now briefly describe.

About three years since, the patient felt, without any previous indisposition, a small kernel-like lump



on the left side of the neck, and, in a few months afterwards, a similar one made its appearance at the right side. They both continued to increase in size for some months, when that on the left yielded to stimulating embrocations and ioduret of lead ointment, and almost disappeared—that on the right continued to increase till it attained its present size, extending from behind the ear over the glands of the neck to the thyroid cartilage, of an irregular, uneven surface, perfectly detached as it were from the subjacent and external surfaces—quite moveable—no discoloration of skin—no pain on pressure; in fact, exhibiting all the appearances of an indolent chronic scrofulous tumour, or enlargement of the lymphatic glands of the neck, exhibiting, from the commencement, no inflammatory or phlegmonous appearance, nor did it produce the least constitutional disturbance.

I have tried, in this case, sea bathing and warm baths, tonics, sarsaparilla, quinine, &c., also mercurials and iodine in every shape, combined with iron internally, and with lead externally, caustic pencilling, blisters, tartar emetic ointment, hemlock, stupes, &c., &c., and all to no effect.

I must add, in conclusion, that several smaller tumours appeared lately on the joints of the wrists, and near the ankles; and that he has been subject all through to a skin disease, first of a papular, then of a scaly character, which comes to maturity in about a week, and, at the end of the second week, is almost quite healed, when others make their appearance in some part contiguous.

Hoping that you will excuse the length, which I have been induced, by the importance of the subject, to trespass on your valuable space,

I have the honor to remain, gentlemen,

Your obedient servant,

DENIS M<sup>C</sup> TAYLOR, Apothecary, &c.

## PARISIAN HOSPITALS.

HOPITAL DE L'ECOLE—CLINIQUE OF M. CLOQUET.

*Catarrh of the bladder, treated by continuous irrigation—Inflammation of the ureters.*

15th January.—N. Dupuzis, a gardener, aged 26, who had never been affected with gonorrhœa or hæmorrhoids, was admitted to the hospital.

Three years since he became gradually affected with frequent desire to pass water, accompanied with pricking in the urethra and vesical tenesmus. Subsequently the urine became bloody—the hæmaturia sometimes occurring even three times in one day, and occasionally disappearing to recur again. The existence of a calculus was now suspected, but could not be detected; being admitted to a hospital at Rheims, he was found to labour under vesical catarrh, and was submitted to an antiphlogistic treatment by leeching, cupping, and blistering over the kidneys. At that period the disease had existed for a year, and the necessity to pass water occurred at least once every hour.

He left the hospital at Rheims improved, and remained at home two years; the disease, however, became worse, and the necessity to pass water became more frequent, &c., &c.; and at length he came to Paris.

On admission, he was enfeebled from his sufferings during the journey—the necessity to pass water occurred at intervals, varying from five to fifteen minutes. Thirty leeches were applied, and he was then immediately submitted to injection of the bladder by a double current: in order to explain the nature of which operation, we shall enter into some detail,

*Instruments.*—The necessary instruments consist merely of a catheter, divided, throughout its length, by a septum, and of two gum-elastic tubes to conduct the water to and from the bladder.

*The Catheter,* externally, resembles an ordinary instrument, save that its handle bifurcates into two secondary tubes destined to receive the gum-elastic tubes. At its concavity there are two round orifices, one above the other, separated by a distance of eight or ten lines, and the inferior one distant about three lines from the extremity of the catheter. The interior of the catheter is separated into two secondary canals by a longitudinal septum, one of which canals is thence (when the catheter is introduced) superior, and the other inferior. The superior canal terminates, on the one hand, at the bifurcation at the handle of the instrument, which, when the instrument is introduced, corresponds to the right side of the patient, and on the other to that opening inferiorly which is furthest from the extremity of the sound. The inferior secondary canal thence corresponds to the left bifurcation, and to the opening nearest the extremity of the catheter.

*Gum-elastic Tubes.*—These are identical with the tubes of enemata, syringes, or stomach pumps. At one extremity they are fitted to the bifurcation at the handle of the catheter, at the other they terminate in a pervious metallic ball suited to sink them in a vessel filled with water. The extremity of the right tube is plunged in the vessel containing the water destined to be conducted into the bladder, while the other is plunged in the vessel receiving the liquid that finds issue from the bladder, which vessel is placed at the left, as is the other at the right side of the bed.

*Mode of conducting the injection.*—The catheter being passed into the bladder, and the extremity of each tube deposited in its respective vessel, the patient by suction fills the tube, placed in the vessel, of water placed at his right side, (which vessel is situated on a plane one or two feet higher than the patient.) The current of fluid is established, as in any siphon, on the gum-elastic tubes being now fitted to the respective bifurcations of the catheter, and on the bladder becoming suitably distended with water. We know from physics, why the double current, when once established continues, and we need not here enter into the explanation of this point.

To return, however, to our patient. His condition was the most unfavourable that could be conceived when he was submitted to the treatment by injection; in the space of twelve hours he had passed water sixty-eight times! The urine was muddy and loaded with mucus; and it is needless to detail the vesical tenesmus, sleeplessness, loss of appetite, general disturbance, &c., &c., accompanying this state of things.

The injection of cold water was continued first for one hour, subsequently for an hour and a half, two hours, two hours and a half, and three hours, and at length for five hours, of course once only in the twenty-four hours. On the occasion, however, when it was continued for five hours, the patient suffered from having persevered so long, as he became affected with weakness, and general uneasiness, and next day could continue the treatment for but an hour and a half.

The amelioration, under this treatment, was progressive; and, at the termination of six weeks, he could remain three quarters of an hour without a call to pass water. The quantity of mucus, too, in the urine was vastly lessened—the vesical tenesmus had almost ceased—the appetite returned, and he obtained a little sleep.

The injections, as they caused no inconvenience, were continued daily, when the patient was suddenly



seized with rigor and fever; at the same time, the abdomen became painful, especially at the left side, and along the course of the ureters. These symptoms seemed due to an extension of the irritation from the bladder to the ureters and kidneys; and, consequently, cupping glasses were applied on the track of each ureter, tartar emetic being, at the same time, administered in an enema of veal broth and lemonade, which produced copious vomiting, but no purging. Next day the cupping and enema was repeated.

This treatment enabled the injection to be resumed at the expiration of eight days, which the patient looked for most anxiously, as, during its suspension, the expulsion of the urine had again become painful, and the necessity to pass water recurred much more frequently.—*Gazette des Hôpitaux de Paris.*

#### WESTERN MEDICAL SOCIETY.

Dr. Toole detailed a case of arm presentation, in which both hand and arm were protruded, and were considerably swollen and discoloured, when the head came down doubled upon the chest. The child was small, it being a case of twins, both of which were born alive, and are still living.

Dr. Jagoe, of Ballineen, stated a case of congenital ascites, occurring under the following circumstances: On the evening of the 4th of November, 1839, he was called upon to visit a woman in labour of her first child; and, on arriving at the house, found that, three days before, the membranes had ruptured without the slightest possible exertion on the part of the woman; and that, directly after, she had some smart pains. Up to the above-mentioned day, a little beyond the seventh month of pregnancy, the woman enjoyed tolerably good health. A very intelligent midwife was present, who informed Dr. J. that the case was a footling, and that, when she attempted to deliver, the leg and thigh of the child came away, in a very putrid state, with very little extractive force. Dr. J. found the bladder distended, and before making an examination, he drew off the urine. A careful examination was then made, and the other foot and leg were found in the vagina. The doctor attempted to extract, but this leg and foot also came away with the least possible force. As the woman had little or no pain, a dose of the ergot of rye was administered, and repeated in twenty minutes. In about ten or twelve minutes after, smart pains came on. Although the breech of the fœtus was evidently the presenting part before the employment of the ergot, Dr. J. was surprised to find he could not reach it, and that, in its place, a large distended bag of fluid was to be felt. Thinking it might be a case of twins, and that the presenting body was the membranes of the second child, Dr. Jagoe ruptured the sac, (being fully satisfied that the bladder was entirely emptied,) and a large quantity of fluid (nearly three pints) came away, and, directly afterwards, a putrid fœtus was expelled with the secundines. The fœtus appeared to be between the sixth and seventh months. The woman was comfortably put to bed, and soon recovered her usual health and strength.

On examination of the fœtus, (a male,) Dr. Jagoe remarked that he found a large rent in the integuments of the abdomen, which he had made, thinking that he ruptured the membranes of a second child. Within the cavity of the peritoneum he found, at least, half a pint of fluid. The serotum was also considerably distended. The abdominal parietes were extended to three or four times the usual size. Were it not for the extent to which decomposition had arrived,

Dr. J. would have preserved it as a case of congenital ascites. Such cases being extremely rare, Dr. J. having met with only two, and those recorded in Billard's *Work on the Diseases of Infants*, he thought it right to lay this before the society.

Dr. Jago, of Kinsale, related to the society a very interesting case of triplets, in which the efficacy of the ergot of rye was peculiarly evidenced. In this case, the distribution of the placenta was remarkable. The first child born, had a placenta and membranes peculiar to itself, and the remaining two were inclosed in a common membranous sac, supplied by a separate umbilical cord, which, near a common placenta, became intimately united, and was lost upon the surface of the placenta. All the children were dead born. Previous to this labour, the mother had borne several children separately, and, after the birth of each, the secretion from the mammary gland took place but in one breast. In the present case, the secretion took place freely from both glands.

In the course of the evening, an animated and interesting discussion took place with regard to the diagnostic efficiency of rational and physical signs in diseases of the chest, in which the merits of the stethoscope were freely and minutely canvassed.

The Chairman having announced that the next meeting of the society would be held at Kinsale, on Tuesday, the 16th day of June, the meeting was dissolved.

#### SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—I am happy to perceive that so many highly respectable physicians have already communicated the result of their experience in the present epidemic fever, and hope that others will continue to do so. I beg leave to forward you a report of the number of cases treated at the dispensaries under my care, for your consideration, and publication, if you deem it deserving a place in your independent journal.

Your obedient servant,

W. MAXWELL WADE, M.D., L.R.C.S.I.

Swanlinbar, May 16, 1840.

On referring to my note-book, for the last thirteen years, I find that fever has been more prevalent since January last up to the present period, than it was in any preceding spring heretofore, and also, that it has assumed a much more malignant type.

This year, commencing from the 4th July 1839, I have already entered on the books of the Swanlinbar and Derrylin Dispensaries, above 400 cases of fever, some of them presenting the most severe form of typhus gravior, accompanied with rubeolar eruption in the commencement, and frequently with livid petechiæ and maculæ, the rubeolar eruption has been so distinct, that in many cases persons were deceived, supposing it to be measles, until the whole family were infected; in the latter end of winter and beginning of spring, this fever was complicated with diarrhœa, and sometimes dysentery; lately pulmonary and bronchial lesions were also present, causing a very fatal combination of symptoms, particularly in delicate constitutions.

I had one very remarkable case under my care: a policeman, previously in the enjoyment of good health, became infected from attending another man, and was profusely covered with rubeolar eruption, when on the tenth day of the disease, his left arm, from the shoulder to the fingers, became dotted with livid petechiæ, and no other part of the body. I will not attempt to try and explain the why or wherefore, but such was



the fact, it struck me at the time as very curious, never having seen or heard of a similar occurrence. Every day's experience more fully convinced me that in the majority of cases, the more simple the treatment the better, particularly where the patient is not immediately under the surveillance of his physician; I have rarely found it necessary in country practice, to administer wine or stimulants of that class, and where friends have done so, the patient has generally been sacrificed. However, in cities or towns, where fever of a low adynamic type prevails, and there are debilitated subjects to treat, wine and other stimulants will often be required from the commencement. I have made these remarks, as I am afraid that too many persons are *stimulated* out of the world, who would have done well if let alone, or more quietly treated.

I do not conceive it necessary to enter into the treatment adopted by me, as it is very generally used, and free from complications; the average mortality on my list has been about three per cent.

Not having a fever hospital within twenty miles, and that from its distance being perfectly useless to this district, I have been thrown mostly on my own resources, and it affords me sincere satisfaction, thus publicly to testify, that on every occasion, I have been most humanely and munificently aided in my attendance on the sick, by the late lamented Earl of Enniskillen, also by the present Earl; Colonel Crichton, and many others; the Rev. John J. Fox, rector of this parish supplied such a quantity of clothes, and blankets, with provisions to the destitute poor at the commencement of the season, from the proceeds of a loan fund established by him, that I do conceive it assisted materially in preventing the extension of the disease. In conclusion, I would just say to the rest of the nobility and gentry of Ireland, "go and do thou likewise."

#### TO THE EDITORS OF THE MEDICAL PRESS.

Stephen's Green, 22d May, 1840.

GENTLEMEN,—With the view to prevent any misconception, I wish it to be distinctly understood, that I regard it to be essential to the plan of reform, which I have submitted, that the general practitioner, qualified as I have proposed, should be at liberty to exercise his *right* of keeping open shop if he pleases. Beyond this it is unnecessary for me to enter into details, as I consider the "bill," conjointly "amended" by the "Hall" and the "extern members" of the profession, adequate in every particular for the efficient regulation of pharmacy in Ireland.

I have the honor to remain, gentlemen,

Your obedient servant,

C. H. LEET.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Kinlough Dispensary, 17th May, 1840.

GENTLEMEN,—Might I trespass on your valuable time, and request you will give the following remarks space in your very valuable paper.

You are well aware at present, and so are the public, of the exertions the greater part of the profession are making to call the attention of those at the head of affairs to the shattered state of the funds of the different medical charities, and to get these institutions put on a permanent and more solid basis, so as, if possible, to procure for the medical officers in charge of them something like adequate remuneration for their services, and provide for the sick poor of the different districts the necessary medicine and attendance.

What strikes me is this: that the superintendent

of every dispensary should summon a public meeting in the district where he resides, and call on every one of those persons who have experienced the great good of the benefits resulting from such a charity, to adopt resolutions and sign a memorial praying for the continuance, support, and better regulation of the institution, and have such memorial presented to parliament through the representatives of the different counties, &c. &c.

This is a course, I think, ought to be pursued, as I have repeatedly heard it remarked, (when speaking about the subject of medical charities,) that the medical men were afraid of the poor law doing away with their dispensaries, and that this was the reason they were all meeting together and making such a fuss about the business. Then the proposed plan to which I have above alluded would evince the feelings of the people on the subject, and show that it was not altogether for self that the profession was working.

I certainly think that at any such meeting the subscribers to the charity should not be individually or collectively summoned. If they choose to come among the number, why, good and well; and my reason for suggesting this is, that it may be said by those who are lukewarm in the business—"Indeed, if subscribers meet to sign memorials, &c., it's all very well; at the same time, there is no law to impede them from subscribing to, or supporting this or that charitable institution, as usual." No; but the truth of the matter is this: when subscribers begin to be taxed for the support of workhouses, they will not be so anxious to contribute to the support of dispensaries; and, therefore, it is to the fountain-head that this appeal from the people at large is to be made; and, depend on it, it will not be made in vain, as I firmly believe it is the anxious wish and intention of both Houses to do all they possibly can to better the condition of Ireland; and, rely on it, they will not neglect the sick, suffering poor.

For my part, I cannot possibly see how the Poor Law Bill can in any way compensate for the dispensaries, as they are at present established. The workhouse is intended to be a receptacle for the travelling pauper, the infirm and weak, and those unable to earn their daily bread: the dispensary, for the benefit of the industrious cottier or mechanic, who, by some accident or other, dislocates or fractures his limb, or is visited by fever, and who can call on the nearest subscriber to summon at once the dispensary surgeon to his assistance.

An erroneous opinion has gone abroad, that wherever a workhouse is to be established, the dispensary or hospital in its vicinity is to be attached to the house. This, I think, would be found to be completely impracticable, as, for instance, in the winter of '38, the town and vicinity of Ballyshannon (within five miles from this,) was visited by fever to a very alarming extent—on an average, four or five of each family were labouring under the disease at the same time, all of whom were attended, prescribed for, and visited by the medical superintendent of the dispensary. In my own district, at present, I have 37 families to attend to, and to visit in fever. May I then ask, what might be the result, if persons from those dwellings where the malady is raging, were crowding to the doors of a workhouse to look for advice, &c.? Why, it would only bring contagion among its inmates. I should make an apology for trespassing so long on your very precious time; and I trust that as these few well-intended remarks emanate from a good motive, they will have the effect of rousing the profession at large, by the assistance of the people, to work out something for the common good. I am, gentlemen, your obedient servant,

GEO. FORDE SMYTH, M.R.C.S.L.



## TO THE EDITORS OF THE MEDICAL PRESS.

Drummin House, 20th May, 1840.

GENTLEMEN,—Having lately, when in Dublin, had the pleasure of meeting my friend, Mr. Donovan, of Clare-street, we chanced to speak on the subject of Medical Reform, on which occasion he expressed a wish that I would consider the question, with a view to devise some efficient and practical mode of maintaining the respectability and securing the competency of the Medical Profession, in its several departments, and in a manner the most conducive to the general interests of society.

As I have not, for a long time, engaged in professional practice, I endeavoured to excuse myself by assuring Mr. Donovan that I had latterly directed my attention to other matters of a different nature altogether; and, besides, I felt that I should injure, rather than benefit, the cause of medical reform, were I, a mere volunteer, to intermeddle in those discussions. In Mr. Donovan's hands, and, from my own experience, I can testify that there is no member of the profession more truly disinterested and more competent than he is to detect error, and to estimate, at their precise value, arguments of questionable truth. In the hands also, permit me to say, of the uncompromising and talented Editors of the MEDICAL PRESS, and of the able and accomplished contributors to their most valuable publication, I leave the cause of medical reform, confident that, by their energetic and zealous co-operation, the now flagrant abuses, which dishonour and injure the profession, will be unflinchingly exposed, and finally corrected and removed. It is only necessary that the "mens divini" of the profession shall disengage itself from the degrading contact and the paralysing influence of the selfish and sordid worshippers of Mammon, to whom the acquisition of a fee, no matter how fraudulently obtained, is the one and only object of their base and grovelling lives. Let the congregated talent and honesty of the profession but pronounce its deliberate and determined resolve, and I defy any set of men—I defy the public—nay, even the fancied omnipotence of the legislature itself, to delay, even for an hour, the inevitable progress of a just, reasonable, and liberal system of medical reform.

But I am wandering from the subject of my present letter. I mentioned to Mr. Donovan, as a further excuse for not interfering in those matters, that I intended soon to publish some opinions respecting the injurious tendency of the present workhouse enactment of Mr. Nicholl's, which has already well nigh revolutionized England, and the effects of which, in Ireland, are even now beginning to be regarded with alarm. This led me to inquire from him whether it was probable that, under the head of "Poor Law Intelligence," you would afford a place to such discussions in an occasional number of the MEDICAL PRESS, when Mr. Donovan seemed to think that, if my suggestions had any reference to the treatment of the sick poor, it was not unlikely you would give them publicity. As it is altogether impossible that any truly efficient or well-arranged plan can be devised for permanently improving the condition of the poor, unless there be embodied in it a provision for the relief of disease, as well as of destitution, I did not, as you may readily suppose, expose myself to the charge of such gross ignorance as to exclude from my consideration this most important part of the question. I, therefore, under these circumstances, inclose to you for publication, the "heads of a bill to promote industry, and to provide relief for the sick poor and the destitute in Ireland," which I prepared and submitted to a public meeting of the inhabitants of the county

Kildare, held at Naas, for the purpose of petitioning Parliament against the Poor Law Bill of Mr. Nicholl's. The measure that I proposed was moved by me as an amendment to a previous resolution, when it was carried by acclamation, without a single dissentient voice; and it was resolved, that a petition founded thereon should be forwarded to the House of Lords.

I intend at no distant period to revive this discussion, and, meantime, I confess I should feel gratified and obliged, if you would afford me the advantage, through the medium of your publication, of preparing the mind of decidedly the most intelligent and best educated members of society; in other words, of the members, *par excellence*, of the medical profession, with reference to the general bearing and practical details of a measure intended to promote the well-being of the community, and not unconnected with their own individual interests as dispensary practitioners.

My object is to encourage—I should rather say—to force forward inquiry, and the time is fast approaching when I think I can do so with some effect. I propose to publish the heads of my bill and of Mr. Nicholls' bill in juxtaposition, with notes and comments appended to each, and accompanied by a preliminary dissertation, establishing the indefeasible right of the poor, *either* to employment, *or* to gratuitous support—such being the only basis upon which the social compact is founded. The iniquitous and heartless violation of this compact, and the substitution for it of confinement, starvation, the treadmill, and transportation, is, I fear, tending rapidly to precipitate us into all the miseries of a frightful anarchy.

I remain, gentlemen, with much respect,

Your very obedient servant,  
RICHARD GRATTAN.

## REVIEWS AND NOTICES OF BOOKS.

A COMPENDIUM OF MATERIA MEDICA AND PHARMACY, adapted to the London Pharmacopœia, embodying all the New French, American, and Indian Medicines, and also comprising a Summary of Practical Toxicology. By J. HUNTER LANE, M.D., F.L.S., F.S.S.A., corresponding member of the Calcutta Medical and Physical Society; Member of the Royal College of Surgeons; formerly President of the Royal Medical Society, Edinburgh; Editor of a Translation of Tiedemann's Physiology of Man, &c. &c. Pp. 308. London. 1840.

The best way perhaps to enable our readers to judge of the claims which Mr. Lane's work has on their attention, will be, to lay before them a few extracts by way of sample.

Under the head of ACIDUM ARSENIOSUM, we find the following account of the properties, operation, and use of that medicine:—

"*Prop.* Semitransparent, rendered opaque by keeping or exposure to the air; completely sublimed by heat; mixed with charcoal and exposed to heat, evolves a garlic odour. Slightly soluble in boiling water; precipitated of a yellow colour from its solution by hydrosulphuric acid or sulphuretted hydrogen; lime water throws down a white precipitate.

"*Oper.* Tonic; escharotic.

"*Use.* In intermittents, epilepsy, chorea and lepra; externally to cancerous ulcers and malignant sores."

Again, the history of Hydrocyanic Acid, as regards the same points, is thus disposed of:—

"*Prop.* Colourless, transparent, odour of bitter almonds; completely vaporized by heat; slightly reddens litmus. Hydrosulphuric acid produces no change. On the addition of a solution of nitrate of silver, 100 grs. will precipitate 10 grs. of cyanide of silver, which are soluble in boiling nitric acid.



"Oper. Sedative.

"Use. In chronic coughs; asthma; hooping-cough; incipient phthisis; sthenic affections of the heart; morbid irritability of the stomach; painter's colic; externally, diluted to remove itching of the skin; in the treatment of acne rosacea; to relieve the severe pains of cancerous ulcers."

It is, we trust, quite needless to point out to our readers, the insufficiency and practical uselessness of such accounts of medicinal agents. However, we have no doubt, that Mr. Lane's book will be useful to the student preparing to pass his examination.

## MEDICAL ASSOCIATION OF IRELAND.

### PROCEEDINGS OF COUNCIL.

THURSDAY, MAY 21.—Council met.

J. Morrison, M.D., Fever Hospital, Newry.

Erskine, M.D., Newry.

Fitzpatrick, M.D., do.

Moorhead, M.D., do.

Dickson, M.D., do.

George Robinson, M.D., Blessington.

Robert R. Cornwall, M.D., Killucan.

Robert J. Burkitt, A.B., M.B., Tallaght.

Charles Sloane, M.D., Clonmel.

Joseph Cleburne, M.D., Ovens, Ballinacollig.

John Delany, L.R.C.S.I., Johnstown.

Joseph J. Nicholson, M.R.C.S.L., Castlemacadam.

George R. M'Mullen, M.D., Cork.

Francis E. O'Brien, L.R.C.S.I., Rathmines.

John Nolan, M.D., Maryville, Athboy.

Sir Arthur Clarke, M.D., Dublin, were enrolled members of the Association.

Letters read announcing that Drs. Morrison and Moorhead would attend as deputies from the Newry Association; Drs. Nugent and M'Mullen, from the Cork Medical Committee; Drs. Purcell and Reardon, from the South Tipperary Association; also from several individual members promising to attend the Congress.

SATURDAY, MAY 23.—Council met

Daniel Donovan, M.D., Skibbereen.

James Butler, M.D., Thurles.

T. Gallogly, M.D., Clogheen.

John Nugent, M.D., Lismore.

John Finucane, M.D., Nenagh.

Arthur Mitchell, M.D., York-street, Dublin.

Devereux, M.D., Wexford, were admitted members of the association.

Dr. Jacob and the Secretary reported that they had waited upon Mr. Hamilton, at the Chief Secretary's Office, by desire of the Council, to make inquiries regarding the cause of delay in the settlement of the petty sessions' fines awarded to the several medical charities, and were assured by Mr. Hamilton that the delay has been entirely owing to the defective returns made from the several petty sessions' courts—that new returns were required, and that the forms for these were printing, and would be sent out on this day. Mr. H. further promised that the sums in question would be paid before the expiration of a month.

A letter from Dr. Colahan, addressed to the President, was read, dated Galway, May 22, stating that at a meeting of the Medical Society of the county Galway, held at Loughrea on the 21st inst., it was resolved—

That Drs. Mulville, Blake, Mahon, and French, be appointed to attend the Congress on the 27th in Dublin.

MONDAY, MAY 25.—Council met.

William Tagert, Surgeon to Mercer's Hospital, Dublin.

B. Mullally, M.D., Templemore.

Temple, M.D., Monaghan.

Henry F. Blake, M.D., Galway.

J. E. Miller, M.D., Mayor of Londonderry.

William Thornhill, M.D., Skerries, were enrolled members of the Association.

At a meeting of the Cork medical committee, held the 18th of May, 1840, Dr. William Murphy in the chair.

It was resolved—

That Dr. M'Mullen be appointed secretary for the ensuing year.

That Drs. Nugent and M'Mullen be appointed delegates to represent this society at the approaching anniversary meeting of the Medical Association of Ireland.

That the Council of the Medical Association of Ireland is entitled to our confidence and gratitude, for its assiduous and able advocacy of the rights and interests of the profession at large.

That the thanks of this meeting are eminently due to the Editors of the MEDICAL PRESS, for their untiring exertions in the cause of Medical Reform, as well as for their care and energy in watching the interests and welfare of the profession.

WILLIAM MURPHY, Chairman.

GEO. R. M'MULLEN, Secretary.

The following petition has been adopted by the medical and surgical practitioners of the county of Wicklow:—

That the state of Medical Education in Great Britain is such as to require considerable amendment,—there being in the United Kingdom no fewer than nineteen sources from whence are obtained diplomas and licences to practise medicine, each varying from another in the extent of the education thereby enjoined, and in the examination instituted, as well as in the privileges conferred.

Your petitioners, therefore, pray that your Honourable House will adopt such measures as will confer upon the medical profession a sound and efficient legal constitution, and place it under a system of government based upon such principles as shall protect alike the interests of its members and the public, ensure uniformity of education and of examination for all who enter it, prevent illegal practice, and confer reciprocity of privileges on practitioners throughout England, Ireland, and Scotland.

And your petitioners will ever pray.

Wm. Hamilton, M.D., surgeon to County Wicklow Infirmary; Wm. Nolan, surgeon; A. B. Sherwood, M.D., surgeon to the Redcross and Dunganstown Dispensaries; Andrew Nolan, L.R.C.S.I., Wicklow Fever Hospital; James Mitchell, M.D., physician to the Dispensaries and Fever Hospital for Newcastle and Delgany; Robert Armstrong, surgeon; James M. Taylor, M.D., late surgeon in the Portuguese and Spanish armies, and honorary physician to the court of Portugal; Thomas Darby, M.R.C.S.L., Bray; M. Heffernan M.D., M.R.C.S.L., physician to the Bray Fever Hospital and Dispensary; Nesbitt Heffernan, A.B., M.B., L.R.C.S.I.; John Leney, surgeon, &c.; John Hope James, A.B.T.C.D.; Charles Clarke, late surgeon, 21st Fusiliers, M.R.C.S.L., and surgeon to the Rathdrum Dispensary; Alex. E. Kavanagh, M.B., T.C.D., Rathdrum; Edward H. Harding, A.B., M.D., L.R.C.S.I., surgeon to Luganure lead-mines, Rathdrum; D. Wright, M.D., Arklow Dispensary, and County Fever Hospital, Surgeon, Wicklow militia, and late of the 48th regiment.



## NORTH OF ENGLAND MEDICAL ASSOCIATION.

The Council met on Wednesday, the 13th inst., when a discussion took place respecting the "Vaccination Extension Bill" now before Parliament. The following petitions were unanimously adopted, and was sent on the following day for presentation to the House of Commons, to William Ord, Esq., M.P. for Newcastle-upon-Tyne.

The Petition of the Council of the North of England Medical Association,

HUMBLY SHEWETH,—That your petitioners, being deeply sensible of the importance of preventing, so far as it may be possible, the recurrence of small-pox, have observed, with great satisfaction, the desire manifested by the Legislature to extend the blessings conferred upon mankind by the important discovery of the late Dr. Jenner.

That as the successful superintendence of vaccination requires the possession of peculiar knowledge, your petitioners implore that it may not be confided to the poor-law commissioners, as proposed in the bill now before your honourable house, since those gentlemen cannot be expected to be conversant with the nature of the duties which would devolve on them, as the consequence of such a charge; but that it may be entrusted to the National Vaccine Establishment, the latter being remodelled, and placed under the direction of some person who shall have made vaccination the subject of his study.

That boards of guardians, (where they exist,) and in other places the parochial or municipal authorities, be directed to give orders for vaccination to all poor persons applying for them, and who may take such orders to *any legally-qualified medical practitioner* who may be willing to receive the same.

That every medical practitioner vaccinating any person in consequence of such order, be required to fill up, and, at the end of every month, to transmit to the board of guardians, or other authority of the district in which he resides, a form to be prescribed by the vaccine board, stating the particulars of such vaccination; and that for such duty, every person so vaccinating shall be entitled to receive, and every board of guardians, or other authority, shall be required to pay, out of the rate collected for the relief of the poor, a certain fixed sum upon every order.

That boards of guardians (where they exist,) and in other places the parochial or municipal authorities, be directed to send to the National Vaccine Establishment, in January of each year, a full return of the number of persons vaccinated, and of the particulars of each vaccination, as stated to them in the forms prescribed by the Vaccine Board, by every person vaccinating; and that such returns be laid before Parliament during its next ensuing session.

That any person who shall hereafter inoculate with variolous matter, for the purpose of producing small-pox, be declared guilty of a misdemeanor, and be liable to imprisonment, or such other penalty as to your Honourable House may seem expedient.

And your petitioners as in duty bound, &c.

Signed on behalf of the Council,

T. E. HEADLAM, M.D., President.

CHARLES T. CARTER, Secretary.

Newcastle-upon-Tyne, May, 13th 1840.

Petitions similar to the above, have been sent from the Medical Practitioners of Newcastle-upon-Tyne, and Gateshead.

## MEDICAL INTELLIGENCE.

## HOUSE OF LORDS.—MAY 18.

The Marquis of Normanby presented a petition from Liskeard, praying for Medical Reform.

## HOUSE OF COMMONS.—MAY 20.

MEDICAL REFORM.—Mr. French asked if the honourable member for Bridport would state his intentions as to Medical Reform.

Mr. Warburton said he had looked to the order book, and found—what with existing notices—what with race week—and what with Whitsun-week—(laughter)—no day open for his motion till the 16th June, for which day he would give notice of a measure.

Mr. Grattan—Will it affect Ireland?

Mr. Warburton—Yes.

Mr. Wakley—Will my honourable friend move the re-appointment of the committee?

Mr. Warburton—No. I mean to move for leave to bring in a bill, and then move that it be referred to a select committee.

Mr. Lucas—Will the measure refer generally to England, Scotland, and Ireland?

Mr. Warburton—Yes.

## HOUSE OF COMMONS.—MAY 21.

Mr. F. French moved for a select committee to inquire into certain allegations contained in the petition of Mr. Roberts, presented on the 3rd April last, complaining of a breach of contract on the part of the chancellor of the exchequer (Lord Monteagle) and the home office; also of the conduct of Dr. Somerville, the anatomical inspector, and the hon. members for Bridport and Lambeth (Messrs. Warburton and Hawes.) The subject matter of the petition referred to a discovery alleged to have been made by the petitioner for the preservation from putrefaction of animal substances, for which he sought compensation from the government, which having been entertained by the home office for some time was finally declined. The charge imputed to Mr. Warburton by the petitioner was, that he had been a mediator between the petitioner and the government, and it was alleged that he had been authorised to make some terms of compensation to the petitioner on the condition of his granting the unlimited use of his discovery to the licensed anatomical schools, the discovery being represented as particularly useful to that department of medical science, especially in the summer season.

Mr. Warburton said that he had had communications with the petitioner on the subject of his antiseptic fluid, but from the course of conduct pursued by petitioner, who besieged the workhouses and boards, guardians of the various unions in the metropolis with alarming accounts tending to raise strong prejudices in the minds of the paupers and the different boards as to the conduct of anatomists towards the bodies committed to them for dissection, he declined further intercourse with him. Had he discovered the philosopher's stone or the manufacture of diamonds, he (Mr. Warburton) would hold no communication with one who, on so delicate a subject, sought to increase prejudices for his own benefit—(hear.) The discovery had been presented to him, recommended by the highest medical and surgical authorities, and the secret being confided to him and the hon. member for Caithness (Sir G. Sinclair,) he found that it was both economical and easy. However, Lord John Russell declined to make any grant of public money upon the subject.

Mr. Hawes said that his communication with the petitioner arose from his having been appointed to sit upon the anatomy commission. A letter from the



petitioner had been read to the chairman of that commission, offering to give important evidence, but claiming a right to publish it afterwards; to which an answer had been sent, offering him an opportunity of giving the evidence, but reserving the right of publication to the discretion of the commission.

Mr. Goulburn, also, had been applied to by the petitioner on the subject of the anatomy act, and the aspersions thrown upon those to whom were committed the execution of its provisions; but, however objectionable the conduct of the petitioner might be, yet if his discovery were valuable, the better course would be to give him some remuneration, and to permit the public to have the benefit.

Mr. Warburton disclaimed giving any opinion upon the merits of the discovery. He relied on the certificates of the medical and surgical gentlemen. The only thing that he ventured to avouch was, the practicability and cheapness of the discovery. Still, he must say that he held counter-statements of good authority as to the value and efficacy of it.

Mr. F. Maule said that the sole object of the petitioner appeared to be that, by presenting a petition to the house, he might obtain some notoriety for himself. The Home Office exercised a sound discretion in declining the offer; indeed, he entertained strong suspicions of the petitioner, and of his secret too, from the strong charges which he had brought against the anatomy commission.

Sir R. Inglis thought that if the matter were looked into by the Home Office, and submitted to the opinion of a committee of the College of Surgeons, the object of the hon. member who introduced the motion would be attained.

After some further desultory conversation, the petition was withdrawn.

The Vaccination Extension and Small-pox Prevention bills, are to be considered on the 17th June.

The Mayor of Limerick, Richard Franklin, Esq., M.D., delivered an inaugural address at the first meeting of the Literary and Philosophical Society, lately established in that city. The discourse, which occupied two hours in the delivery, was received with the most enthusiastic applause.

An address, with a handsome piece of plate, has been presented to John Leader, Esq., M.D., by the inhabitants of the town and neighbourhood of Dunmanway, on his retirement from the charge of the dispensary of that town. Such a mark of respect to a member of our profession, is always gratifying to us; and in this case especially so, as we happen to know that the worth of the object of it is universally acknowledged by his professional brethren. We are happy to be able to state, that while fortune enables Dr. Leader to retire from the fatigues of practice, he is still disposed to co-operate in every work which is likely to raise the profession of medicine in usefulness and respectability.

We have also the pleasure of announcing, that an address, couched in very handsome terms, and signed by fifty-one inhabitants of Kilrush, has been presented to John Griffin, Esq., M.D., on his removal from that town to the dispensary of Kilkee.

**DEATHS BY SMALL-POX.**—The following is a return of the number of persons reported to the Registrar-General of Births, Deaths, and Marriages, to have died of the small-pox in the year 1839:—First quarter, ending 31st March, 1839, 2,884; second quarter, ending 30th June, 1839, 2,461; third quar-

ter, ending 30th September, 1839, 1,499; fourth quarter, ending 31st December, 1839, 1,697; Total, 8,541.—T. W. LISTER, General Register-office, April 14, 1840.

## POOR-LAW INTELLIGENCE.

### HOUSE OF COMMONS—MAY 20.

The Attorney-General gave notice, that in committee on the poor-law act amendment bill, he would move a clause exempting stock in trade from rating.

**CORK UNION, MAY 18.**—Mr. Fitzgerald, surveyor and road contractor, applied to the board for permission to employ some of the boys of the establishment in breaking stones on some of his road works. He would give employment to a dozen of them, and all he required from the board was that they should be allowed to take with them the hammers used in the house.

Chairman—You have, Mr. Fitzgerald, full permission to take the boys out of the house; but it is a question whether we can allow out the property of the house: however, select the boys, and then we shall see what arrangement can be made.

Mr. Fitzgerald retired, and in a short time returned with the names of several boys who were willing to go out and earn their livelihood in his service, but none of them had clothes to cover them, excepting what was the property of the house. The result was, that though these boys were willing to accept his terms and become independent labourers, the union was still saddled with their support, as the board could not allow them to take out the property of the workhouse.

Mr. Hayes reported that Mary Copeland and her child had been admitted into the workhouse. She produced to the committee the clearest evidence that she had a legal settlement, and friends in Lincolnshire. Those friends had not any present means to provide her with the charges of a journey from hence, but they gave her a reference in Liverpool, that would provide for her transport to her settlement, if by any means she could reach that port. Also that Ellen Juggins and her five children had applied for admission; but it having been found that this woman, with one of her sons, was able to support her family by making nails, the committee directed that some few shillings should be invested in iron for her, and, with the deepest feelings of gratitude, she removed with her children from the house.

Mr. Hayes, therefore, proposed that the cost price of a given number of days' relief in the workhouse shall be given by way of loan, and not exceeding ten shillings, to Ellen Juggins, and that, similarly, a sum not exceeding fifteen shillings, being the cost price of a given number of days' relief in the workhouse, be advanced by way of loan, to pay the passage money of Mary Copeland and her child to Liverpool.

The proposition was objected to as contrary to the spirit and letter of the law, and was not pressed by Mr. Hayes.

### MORTALITY OF LONDON,

FOR THE WEEK ENDING, 9th MAY, 1840.

Age.—0 to 15, 367; 15 to 60, 298; 60, and upwards, 163.—Total, 830.\* Males, 418; females, 412.

FOR THE WEEK ENDING 16th MAY, 1840.

Age.—0 to 15, 394; 15 to 60, 295; 60, and upwards, 163.—Total, 853.† Males, 435; females, 418.

\* Ages of two persons not stated.

† Age of one person not stated.



## TO CORRESPONDENTS.

*Communications received from Drs. Marshall, (Dro-more,) Pentland, (Kells,) Phelan, (Graig,) Mr. Carter, (Newcastle-on-Tyne,) Dr. Darby, (Drogheda.)*

*Dr. Grattan's "Heads of a Poor-law Bill," shall appear as soon as possible.*

*We are again obliged to apologise for sundry omissions from want of space.*

*Gentlemen in arrear are requested to forward their subscriptions. A bank note or a half sovereign can be forwarded in a prepaid letter, for one penny.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 27, 1840.

## ANNIVERSARY MEETING OF THE MEDICAL ASSOCIATION OF IRELAND.

THE meeting to be held in Dublin this day, may be considered the first occasion upon which a number of the members of the profession in this country assemble to deliberate without distinction of College or Corporation—the Congress last year having been rather a preliminary meeting for organization. We cannot, of course, anticipate the result of the proceedings, but we entertain a sanguine hope, that it will prove satisfactory and beneficial, not only to our profession in particular, but to the public in general. The fact is, that we have arrived at a period when it is incumbent on all persons of common sense and common prudence to take the management of their own affairs into their own hands, and not leave them either to be dealt with or neglected by those who neither know nor care any thing about the matter. If this be true, with respect to other bodies in the community, it is particularly so with respect to our profession: we are, after all, the only persons competent to deliberate on those matters which are within our province. In both houses of parliament, every other department of the public service is amply represented, and consequently to a certain degree understood, and regulated: while, as to all matters relating to the public health, not only both branches of the legislature, speaking generally, but the executive government itself, are utterly ignorant. We, therefore, the members of the medical profession, are at least in the present state of affairs, the proper persons to advise, guide, and under existing circumstances, even to dictate, as to affairs connected with the objects of our studies and duties. In assuming this office, we must, however, undertake it with the firmest conviction that we can not honestly or effectually discharge it, unless we look upon the interests of the profession and the public as identical, nay, that the interests of the community at large, should be the first consideration, those of the profession the second. It surely is the interest of the public, that none should be permitted to practise in any department of the healing art, who is not competent to do so, and it is equally the interest of the members of our profession. It is for the in-

terest of the public, that honest competition should exist among medical men, and it is equally ours, that it should be unshackled. The public service demands a proper administration of the public institutions, and every medical officer of such knows and feels that the better the establishment to which he is attached is managed, the better will be his position. Every man in the community knows and feels that skill and labour have their recognised value and price, and therefore that they cannot be had without proper reward: it is, therefore, as much the interest of the public as of the public servant, that proper remuneration should be afforded for properly-executed duty. But it is needless to multiply examples, because we believe few will deny what we wish to inculcate, that the immediate interests of the members of our profession are wound up with those of the people, in perhaps the most essential particulars, health and preservation of life. Our present object is to impress this on the minds of those who are about to apply themselves to such considerations, and to remove any impression which may exist, that we assemble merely to deliberate respecting the best means to be adopted to forward our own interests exclusively. Had the medical corporations acted on this principle, we should not now find the interests and objects of the members of them so opposite, not only to those of the public, but even of the mass of our own profession. We should not now find them labouring to perpetuate bad, and imperfect systems of education; obstructing reform and improvement in hospitals and other public institutions; or diverting funds, legitimately devoted to public purposes, into private currents. Of this we remind our readers in general, and those in particular who are about to assist at the present meeting, in order that they may bear in mind the principle which we argue should be their guide in all deliberations, the identification of our interests with those of the public at large—in fact, the adoption of the motto of our journal—"Salus populi suprema lex."

## THE WORKHOUSE TEST.

THE value of this wretched quackery, and its applicability to Ireland, were fully tried by late proceedings at the Cork board of guardians, a summary of which, abridged from the *Southern Reporter*, will be found under the proper head. In one case, twelve individuals were prevented from becoming independent labourers, and rendered permanently chargeable upon the union in consequence of the law preventing the guardians from permitting them to carry the workhouse dress out of the house. In two other instances, the permanent maintenance of eight paupers, and consequent expense of £9. 4s *per month*, was entailed upon the union from the impossibility of making an outlay of 25s—the sum total of what was required to afford permanent relief to those unfortunate persons.

That many similar cases are constantly occurring—nay, that the majority of admissions into the workhouses possess an analogous character, we have not



the slightest doubt; but, as the press has been muzzled, the true state of matters cannot be learned by the public, who are, accordingly, patiently submitting to have fixed upon them the most oppressive and useless impost with which the industry of any country was ever saddled. We have not to charge ourselves with any neglect of duty in this matter; from the very outset we warned our readers of what would be the necessary result, and constantly exposed the ignorance and folly which led to the application of the workhouse test to Ireland. Why have not our efforts been seconded? Why have our contemporaries been almost uniformly silent? The reply could not fail to be painful to those who look upon a free and independent press as the best protection to the rights and interests of a nation.

## BOOKS RECEIVED.

*A Treatise on the Physiological and Moral Management of Infancy.* By Andrew Combe, M.D. 12mo. p.p. 575. Edinburgh. 1840.

*On the Nature and Structural Characteristics of Cancer, and of those Morbid Growths which may be compounded with it* By J. Müller, M.D. Translated from the German, with notes, by Charles West, M.D. Part I. 8vo. p.p. 182. London. 1840.

## PROMOTIONS.

**CIVIL.**—John Hamilton, M.D., to be physician to the Omagh Fever Hospital.

**NAVAL.**—Surgeon.—W. Donell, M.D., to the San Josef.

Assistant-Surgeons.—W. Crofton, to the Jupiter; E. G. Irving, M.D., and H. Bent (acting), to the Britannia; J. C. Corbet, John King, (additional), to the Impregnable.

**MILITARY.**—70th Foot, Assistant-Surgeon, John Maharg, to be Surgeon, vice Kemlo, deceased.

Assistant-Surgeon, James Walker Chambers, M.D., from the Staff, to be Assistant-Surgeon, vice Maharg.

**HOSPITAL STAFF.**—Robert C. Anderson, M.D., to be Assistant-Surgeon, vice Chambers.

## OBITUARY.

On the 15th instant, at Ballymoney, Alexander Moore, M.D.

At Ennistimon, of fever, Patrick Murray, Esq., M.D., deservedly regretted by all who knew him.

On the 9th instant, Mr. Jonathan Archer, surgeon, Crumlin.

On the 12th inst., after a protracted illness, George Augustus Latham, Esq., M.D., of Crumlin.

In Mungret-street, Limerick, aged 87, John Unthank, Esq., M.D.

At Omagh, on Saturday the 16th inst., in the 46th year of his age, Michael Harkin, M.D., Surgeon, &c. As one looks with regret on the decline of a beautiful day, and sees night's shadows spreading their dark veil o'er the fair face of nature, so is our sorrow in recording the demise of one, whose life was a bright page in the book of humanity. Alas! Dr. Harkin's memory requires not the aid of fiction to write his eulogium. As a physician, he was highly esteemed—as a scholar admired—and as a man, beloved. Heaven gifted him with rare and great powers; they were fortunately directed in a course that afforded scope for their exertions, and induced happiness on their employment. He earned the blessings of the poor—the esteem of the rich—and the confidence of all

The admired of all circles, and the charm of his own, he has left a name that will not die for many years to come. As a practitioner, a linguist, an historian, and a general scholar, he stood deservedly high; and had he practised in London, I have no doubt in saying, that the most lucrative offices, and the highest honours would have been bestowed on him by his professional brethren. One wonders at the vastness of intellect that enabled him, in the little leisure afforded by extensive practice, to master so great knowledge as he possessed. On every topic—on every subject—he shewed himself the scholar. His reading embraced a wide range in all languages; Greek, Latin, Irish, French, Spanish, Italian, and German, amused and instructed him in his leisure hours. His treatise on the Febris Pestilenta, that ravaged this country in 1817, is remarkable for the purity of its Latin, the accuracy of its description, and the practical utility of its remarks. We mourn at his early death, but we must be reconciled. "The Lord giveth and the Lord taketh away."

"Oh, what is death? 'tis life's last shore,  
Where vanities are vain no more,  
Where all pursuits their goal obtain,  
And life is all retouched again."

Omagh, May 22. —(Communicated.)

## REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE  
OF SURGEONS, DUBLIN.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	May 10,	56	44	29.650	.650
Monday	11th,	47.5	42	29.750	.425
Tuesday	12th,	51	44	29.670	.010
Wednesday	13th,	62	48	29.700	.020
Thursday	14th,	62	48.5	29.550	.005
Friday	15th,	62	50	29.364	.085
Saturday	16th,	65.5	51	29.300	.410
Sunday	17th,	60.5	44.5	29.600	.075
Monday	18th,	51.5	41.5	29.850	.005
Tuesday	19th,	55	41.5	30.300	
Wednesday	20th,	60.5	44.5	30.300	
Thursday	21st,	61	43	30.450	
Friday	22d,	69.5	46	30.460	
Saturday	23d,	63	53.5	30.238	

## MEDICAL ASSOCIATION OF IRELAND.

The GENERAL MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE GREEN, DUBLIN, on WEDNESDAY, the 27th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'Clock precisely.

Gentlemen will be required to produce, at the door, their Cards of Admission, as Members of the Association.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'Clock, precisely.

DINNER TICKETS, Price Fifteen Shillings each, to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day between the hours of Ten and Four o'Clock; or from the Stewards, Mr. F. WHITE, Dr. MACDONNELL, and Dr. BELLINGHAM.

Members who intend to Dine, are particularly requested to take their Tickets on or before Monday, the 25th instant.

The Council will hold Special Meetings, at 13, Molesworth-street, on Tuesday, 26th instant, at Four o'Clock, (at which Delegates from Local Societies are requested to attend,) also on Wednesday, 27th, between Nine, and Half-past Ten o'Clock, for the Admission of Members, and issuing of Cards.

By order of the Council.

H. MAUNSELL, Secretary.



Just published, in foolscap, 6s. cloth.  
**A TREATISE on the PHYSIOLOGICAL and MORAL MANAGEMENT of INFANCY.** By **ANDREW COMBE, M.D., &c., &c.**  
 London: Simpkin, Marshall, and Co. Edinburgh: MacLachlan, Stewart, and Co.

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**BEGS** to call the Attention of the **PROFESSION** to his **ESTABLISHMENT**, and hopes to merit a continuance of their favours, by the same care, attention, and diligence that has hitherto characterized him.

**J. M.** has just finished some **UVULATOMES** of a very superior and ingenious construction.

**ARMAGH MEDICAL ASSOCIATION.**

At a **MEETING** of the **ARMAGH MEDICAL ASSOCIATION**, held in **ARMAGH**, on **FRIDAY**, the **22d MAY**, convened for the purpose of taking into consideration the matters likely to be submitted to the notice of the approaching Congress—**Dr. KIDD**, President, in the Chair—the following resolutions were adopted:—

1. That we do not deem it advisable to make any change in the constitution of our local association, which, as regards our own facilities of communication, and identification of interests, we have found, by experience, to answer every purpose. But while we thus dissent from the principle of centralization, we are most willing to consider, with the greatest respect and deference, any recommendation of the General Association, for whose zealous and judicious exertions, we consider the members of our profession throughout the country parts of Ireland, to be under the obligation of the deepest gratitude. As regards the question of procuring a charter for this most excellent body, we are of opinion that it is not necessary, nor would it be prudent to incur the expense that such a proceeding would necessarily entail.

2. To the question of "the enrolment in the Association, under special circumstances, of persons possessed of medical degrees or diplomas, but who at present compound the prescriptions of others," we would answer affirmatively, being anxious to widen, as much as possible, the basis on which our Association rests, and to engage, in our behalf, the sympathies and good will of as many respectable persons as are willing to co-operate with us in our general objects; and to which, by their admission, they are to consider themselves bound, as expressed in the last paragraph of the section respecting qualifications.

3. We think a Medical Charities' Bill, with a mixed board, to administer its provisions, would be very desirable, and should be sought for; the funds for the support of medical charities being supplied by Grand Jury presentments. We think petitions to parliament for remuneration to medical men for attendance in courts of justice, should be adopted, it being quite a paradox, (happily for all other functionaries and professional persons in such courts, never extended to them,) that our professional services, in the majority of instances, our sole estate, should be wrested from us by the strong arm of power, without either thanks or remuneration. We think the subject of Medical Police worthy of every attention from the State, and very proper to be embodied in our petition.

4. Having duly considered the plans of General Medical Reform submitted to us, we are of opinion that the plan sketched out in No. I. would be productive of the greatest general benefit; but, failing in the attainment of that plan, we would be satisfied with No. III., which, most likely, would be met with less hostility than any of the others, and would be an infinite improvement upon the present heterogeneous system.

5. That the Association meet at the County Infirmary, on Tuesday, the 9th June, at Three o'Clock, to receive the Report of our Delegates, and to transact other business; and that in future, our meetings be convened by Advertisement in the **MEDICAL PRESS**.

**W. L. KIDD**, Chairman.

**A. ROBINSON**, Secretary.

**COUNTY MONAGHAN MEDICAL ASSOCIATION.**

At a **MEETING** of the **COUNTY MONAGHAN ASSOCIATION**, held in the County Court House, on Saturday, May 23—

It was proposed by **Dr. Maffett**, that **Dr. M'Dowall** be requested to act as Chairman, being the Vice-President of the Association: The motion was seconded by **Dr. Temple**.

It was proposed by **Surgeon Robinson**, and seconded by **Surgeon Reed**, that our President, (**Dr. Robert Murray**,) and Secretary, (**Dr. Maffett**,) be requested to attend at the Meeting of the Congress, (as the deputation from the Monaghan Society,) to be held in Dublin on the 27th instant.

It was proposed by **Surgeon Young**, of Monaghan, and seconded by **Dr. William Murray**, and resolved unanimously, that the Secretary having brought before our notice, three plans of Medical Reform, as suggested to be taken into consideration by the General Council, we are of opinion that the plan, No. I. appears to us the most satisfactory.

(Signed)

**JOHN M'DOWALL**, Chairman.

**RICHARD MAFFETT**, Secretary.

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<b>Vice-Admiral Robert Honynman.</b>	<b>Sir William White.</b>
<b>Kenneth Kingsford, Esq.</b>	
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Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.  
 Wednesday, May 27, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXXIV.]

DUBLIN, WEDNESDAY, JUNE 10, 1840.

{ PRICE SIXPENCE,  
STAMPED.

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## LECTURES ON SURGERY,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN  
IRELAND,

By W. H. PORTER, Esq., one of the Professors of Sur-  
gery in the College.

### LECTURE XVII.—ANEURISM—HÆMORRHAGE.

IN order to obtain a simple, and, at the same time, a correct idea of the pathology and treatment of aneurism, it will be necessary to take a general view of the different lesions of an artery which, by impairing the tube, permit the escape of the circulating fluid from it. These will be found to exist in two different conditions—different, often in the exciting cause—always in the symptoms and progress of the case, and also in the adaptation of remedial measures, although I shall endeavour to show that the principle of treatment is identical in both. The first of these (technically denominated hæmorrhage) involves not only a lesion of the vessel, and the escape of the blood from it, but the existence of an external communicating wound, capable, both by extent and direction, of allowing the whole, or the greater part of the fluid, to pass from the body altogether: the other (termed aneurism) is where there is such a lesion of the vessel as will permit of the withdrawal of a certain quantity of blood from the ordinary and healthy channel of circulation, but not from the part or limb in which the diseased or injured vessel is situated. This latter, which may present a number of varieties, according to the pathological condition of the artery, and the quantity, situation, and state of the effused blood, forms the legitimate subject of our inquiry now; but as it is generally preceded by, or at least attended with, a diseased condition of the vessel, it may facilitate our progress first to take a short review of the phenomena of hæmorrhage, which, being almost always occasioned by wound or other injury, will be

VOL. III.

more likely to occur to an artery otherwise healthy, in which the process of restoration and recovery can be more easily observed.

Arterial hæmorrhage, both in its progress and termination, presents considerable variety, according to a number of circumstances, with each of which it is necessary to be familiarly acquainted, in order to be able, not only to recognise the nature and extent of the evil at once, but to adopt the treatment most judicious and most applicable to the individual case. Thus, it will be found that the peculiar quality of the wound itself, or rather of the substance or weapon by which it has been inflicted, will considerably modify the symptoms and the danger; the wound of an artery by a cutting instrument being very different from that inflicted by a blunt one or by cautery. The extent of the lesion to which the artery has been subjected, also causes an important modification; it making a vast difference whether the vessel is wholly divided through its transverse diameter, or only partially cut or notched. It is also of consequence to remark that the structure in which the artery is situated exercises a remarkable influence on the phenomena of hæmorrhage, and it will not be difficult to show hereafter that the circumstance of a vessel being imbedded in a lax and yielding cellular tissue, or in a structure rendered firm and solid by the presence of coagulable lymph, will cause the greatest practical differences. The importance to be attached to the wound of a large vessel over that of a small one, is too obvious to require to be pointed out to the youngest practitioner. Lastly, the extent, and more particularly the direction, of the external wound may, in facilitating or preventing the entire escape of the blood from the part, more or less cause the case to lose the character of hæmorrhage, and assume that of aneurism, as already noticed. Here, then, are some of the most prominent circumstances that influence the result, and modify the symptoms occasioned by an

2 A



artery being wounded, and as Nature is in many instances capable of repairing the accident, wholly unaided by art, it is probable that there must be different means applicable to each emergency. It is the province, as well as it is the duty, of the practical surgeon to investigate the operations of Nature in all these different circumstances, as it is thus only he can hope to be enabled to afford assistance, when her own efforts prove insufficient.

As the importance of the blood to the support of animal life is so great, that any sudden or extensive loss of it to the system uniformly endangers existence, if it does not destroy it, so the most wise and provident precautions are taken to guard against such an occurrence as the result of accidental injury. Thus, it is found that the natural and healthy qualities of the blood itself, and of the artery from which it escapes, are the agents by which the object is effected. It is familiarly known, that no sooner is blood poured out from any vessel, than it has a tendency to become coagulated, and the coagulum or clot thus formed, placed at the orifice of the vessel, and mechanically blocking it up, is obviously most efficacious in preventing any farther loss—and hence any circumstance known to be favourable to the coagulation of the blood, is also known to be useful in controlling hæmorrhage. Hunter found that rest and exposure to the air were the circumstances under which the coagulation of the blood took place most quickly. Nature provides for the repose of the blood—1st, by its being entangled in the cellular tissue—2d, by the gradual diminution, as it flows, of the size and velocity of the stream—3d, in cases of a large or a rapid abstraction of blood, by the occurrence of syncope, which, weakening or withdrawing the impulse of the heart from the circulation, generally affords sufficient time for the clot to be formed without disturbance; and, 4th, by the rapidity with which the blood coagulates. The influence of exposure to the air in stopping hæmorrhage, is too obvious to require proof. Every student has seen cases in hospital after operation, in which a hæmorrhage, that took place when the patient had become warm in bed, was controlled by little more than the removal of the dressings, and the opening of the wound. But there is a beautiful provision which alone would be sufficient to prove that the coagulation of the blood was intended to prevent the loss of that important fluid. Jones, in his sixth experiment, found that a tea-cup full of blood, taken immediately after the division of an artery, coagulated in five minutes and a few seconds,—the same quantity, taken a quarter of an hour afterwards, (by which time the animal had lost an immense quantity of blood, and appeared very faint,) coagulated in three minutes and a half. Thus, it appears, that in proportion to the loss of blood, and the imminence of the danger, is the tendency of that fluid to coagulate increased, and the chief, if not the only resource that is eventually to preserve life, furnished when most required.

But further, the arteries are found to possess certain properties or qualities, which are eminently useful in suppressing hæmorrhage. An artery, in its healthy condition generally consists of three coats or membranes—an internal lining membrane, a middle fibrous coat, and an external cellular: according to Hunter and Jones there are four coats, the fibrous being by them divided into the elastic and the muscular. The internal lining membrane is smooth, shining, and polished, bearing in appearance some analogy to serous membranes: it is of a pale yellow colour, approaching to pink, and, in its ordinary condition, seems destitute of vessels; but its occasional liability to disease, its extreme activity in the repair of injury, its appearance when inflamed, and the results or products of such inflammation, are incontrovertible evi-

dences of a tolerably-high vascular organisation. The middle or fibrous coat is that to which the artery is mainly indebted for its strength: it is of a pale yellow colour, and has some faint resemblance to a ligament in structure. Without entering upon the long-disputed question as to whether an artery possesses a muscular coat or not, (a question that ought never to have been raised, when it was observed that many living structures besides muscle were endowed with contractility,) it may be remarked that it possesses some such power resident within this fibrous coat. Thus, an artery in its normal state is capable of accommodating itself to the quantity of its contents: that is, it is increased or diminished in diameter according to the dimensions of the column of blood circulating through it, being at all times completely filled; and when divided, it retracts and withdraws itself from the surface of the incision, and also contracts and diminishes in size. The external or cellular coat is generally composed of reticular membrane, which is scarcely endowed with contractility, and is not in any situation very highly organized, yet it nevertheless plays an important part in disease, and more particularly in the suppression of hæmorrhage. These different qualities, appertaining to the arterial structures, however useful in assisting to control hæmorrhage, are really more valuable in placing the vessel and the blood in a condition favourable to the cessation of the bleeding, than in actually causing it to cease. It is not the contraction of the vessel that stops the bleeding, (although it might do so in the instance of a very small one,) because it is too slow a process; but it is useful, by diminishing the size of the wave of blood, and the impetus with which it would be driven against the coagulum about to be formed: neither is it the retraction, although this too is of use, because the withdrawal of the fibrous coat leaves a portion of the cellular, ready to receive and to retain the blood which is to form the clot. Here, then, are the qualities or properties both of the blood and of the vessel, working in a wise and beautiful combination to arrest the flow of that fluid, the loss of which is necessarily destructive to life.

Having thus explained the circumstances that chiefly contribute to the natural cessation of hæmorrhage, I come now to examine how far they are influenced by the peculiarities of the different cases to which I have already adverted.

When an artery of moderate size is divided in a wound so open and patulous, (on the face of a stump, for instance,) as to permit the free escape of the blood, there is at first a large and sudden gush of blood, after which the fluid seems to come with jerks, or, *per saltum*, the open mouth of the vessel being clearly to be seen. After a few minutes, the vessel withdraws itself from observation, the blood flows out in a more continuous stream, without any impetus, and in a current of a diminished size, and seems to proceed from a deeper part of the wound. In a short time afterwards, the bleeding stops; and if an opportunity offers of examining the parts, the following appearances are observed:—The divided extremity of the vessel will be found to have contracted in diameter, and this contraction is inversely as the calibre of the vessel, being so perfect and so forcible in the small one as often to close the orifice completely—so trifling in the larger, as frequently not to be appreciable. This contractility first led to the opinion of the fibrous coat being muscular, but it is very different from the rapid and decided contraction of a muscle, being slow and gradual in its operation; and hence a vast quantity of blood might be lost from a vessel of even a moderate size, before the diminished calibre of the divided orifice could, of itself, offer any material impediment to its escape. The fibrous coat of the ar-



tery has also retracted within the cellular, and there are two coagula of blood formed—one external, produced by the blood that has been entangled in the cellular sheath of the vessel, and thus brought to press directly on its orifice—the other internal, to which more importance has been attached than it probably deserves, but which, for that very reason, must be noticed. It is of a conical shape, the base of the cone lying at the divided extremity, the apex at the spot where the nearest collateral branch is given off. It never occupies the entire calibre of the vessel, and, consequently, cannot block it up mechanically; and as its presence or absence depends on the distance between the wound and the next branch, it should follow, if it is instrumental in controlling hæmorrhage, that an artery divided close to such branch would never cease to bleed. This is by no means found to be the case, and therefore are there grounds for believing that the existence of an internal coagulum is more or less accidental, and not in any respect necessary, or even important.

Arteries that have been injured by rough and blunt instruments, and are thus lacerated rather than cut, seldom bleed; but is a mistake to suppose that such an occurrence does not occasionally take place, even to the loss of life. Thus, in general, where a limb has been torn by a cannon-shot, or by machinery, no very great expenditure of blood is to be expected, although the vessels may be seen hanging from the wound, and pulsating almost up to their divided extremities—their mouths sometimes completely open, sometimes slightly contracted, or filled by a small coagulum. The process by which the hæmorrhage is prevented in these cases has never been sufficiently or satisfactorily explained, although, to a certain extent, it has been practically imitated; but whatever it is, it certainly is not always efficacious. Not long since, a man was brought into the Meath Hospital, whose fore-finger was broken and lacerated in a steam-engine—he resisted amputation, and for two days this apparently trifling wound poured out blood with a violence absolutely uncontrollable. At length he submitted to the operation as the only means of saving him from bleeding to death; and from the clean incised wound thus made, not a drop of blood flowed—neither was it necessary to tie a single ligature. Very recently, in the case of a man whose arm was torn off by a steam-engine, the main artery of the limb hanging from the wound bled with a degree of violence that was nearly fatal before he could be conveyed to hospital. It appears, then, that the means adopted by Nature to control hæmorrhage are not the same in this case as when an artery is simply divided by a cutting instrument, and that they are not uniformly brought into operation; but as these means are not understood, neither is it possible to explain the causes of the different phenomena that occur under circumstances so apparently similar.

When an artery is only notched or partially divided, it is obvious that the material steps of the process already described cannot be completed. It is probable that every wounded artery contracts to a certain extent, because an experiment of Hunter's shewed that the posterior tibial artery of a dog, if laid bare, may become contracted to apparent obliteration, and there is no reason to suppose that simple exposure would be a more powerful stimulus than an actual wound or puncture: but, nevertheless, it does not appear from observation, that the contractile force is always sufficient to close up so small a vessel as a branch of the temporal; and it has been already shown that it is not the most valuable or efficient part of the process. Neither can an artery thus circumstanced retract within its sheath completely: on the contrary, the little that takes place is confined to the injured side of

the vessel, and the slit-like wound is thus converted into a round and patent aperture, pouring out blood at every pulsation of the heart, and incapable of being closed by any known operation of Nature alone. Again, as there is not retraction, there cannot be any portion of the cellular coat left beyond the wounded extremity of the vessel in which the blood might be received and entangled, and consequently there cannot be any external coagulum. Here, then, the different processes that are found to operate so beneficially, in cases where the vessel is completely divided, are either valueless or decidedly injurious, and the result is so obvious, as to be capable of illustration by an event that takes place almost daily in hospital and dispensary practice. A temporal artery, that has been opened by surgical operation, very frequently continues to bleed with nearly uncontrollable obstinacy, defying every contrivance of compress and bandage that the young pupil can apply, and alarming him by bursting out again and again in repeated hæmorrhages: in this condition the surgeon knows that the vessel has been only notched; and when he is about to stop the bleeding he places it in a state in which it can contract and retract, and a coagulum be formed: he divides it completely by a stroke of a lancet carried down to the bone, and the hæmorrhage ceases instantaneously.

Having thus seen that when an artery is situated in a lax cellular tissue, so that it may contract and retract, and a coagulum thus be formed with facility, it is by the intervention of these processes that the hæmorrhage is stopped, we now turn to observe the influence of structure in an opposite direction, and find that where the vessel is situated in a part devoid of cellular tissue, or otherwise so circumstanced that they cannot be brought into operation, it will pour out its blood almost to an indefinite extent. Thus, on ulcerating surfaces, where the artery is surrounded and fixed by coagulating lymph, if it happens to be opened, either accidentally or by the progress of the disease, it will probably continue to bleed to an alarming and dangerous extent. In a case of phagedenic chancre, nothing is more common than to see a patient's bed soaked with blood, proceeding from a vessel opened by the separation of a slough, the diameter of which, after all, may not be greater than that of a thread of sewing silk. In like manner, arteries situated in hard and firm cicatrises, cannot retract, and will, if wounded, continue to pour out an unceasing flow of blood. This I have more than once experienced in enlarging an aperture into the trachea, that had gradually become contracted and cicatrized. Other facts may be brought forward in illustration of this principle, but sufficient has been stated to show the paramount importance of an external coagulum: afterwards, certainly, there must be provision to prevent the recurrence of the hæmorrhage when this clot shall have been removed by the absorbents; and, accordingly, there is a subsequent process of inflammation, effusion of lymph, and obliteration; but as the first and most immediate means of restraining hæmorrhage, the formation of a coagulum is chiefly to be looked for.

It is worthy of remark, that the first theory formed on this subject was founded on the coagulation of the blood. To this cause the natural cessation of hæmorrhage was attributed in 1731, by Petit, who observed that there were two coagula formed, one outside the vessel, which closed it up, and the other within, which, he supposed, might operate as a plug. It is needless, at this day, to pause for the purpose of examining a theory so very imperfect—yet, with all its faults, it has the merit of being the first, and is, of course, the foundation upon which any scientific superstructure has since been raised. About the same



time, or shortly afterwards, Morand promulgated a theory, admirable for his time, and which, as to facts, is nearly correct and true. He admitted the coagulation of the blood, but could not concede that it was alone sufficient to restrain arterial hæmorrhage: he looked farther, and found that the vessel contracted within its sheath, and that it became narrowed in diameter by a corrugation or plaiting of its fibres. His language was very imperfect. He sometimes spoke of the frowning of an artery, as if it was thrown into rugæ, like the wrinkles on the forehead of an angry man. How this effect was produced he was unable to explain. He spoke of longitudinal fibres in the vessel; and, in short, his theory was physiologically imperfect, whilst practically it was nearly true. And, after all, although more than a century has elapsed, how far can he be considered to be inferior to surgeons of the present day? He observed the retraction and contraction of an artery, but could not explain how these things happened: we mark the same phenomena, but are divided as to whether we can concede to the vessel any muscular contractility or not. He was followed by Sharp, by Kirkland, and other English surgeons, and his opinions form a part, at least of every doctrine entertained on the subject since, excepting only that of Pouteau. This latter denied the sufficiency of the coagulum to restrain hæmorrhage, said that a contraction and retraction could not be proved, and set about a course of experiments in order to determine the question; but, like other experimentalists, he seemed previously to have constructed his theory, and consequently passed over every result excepting such as might serve to strengthen and confirm it. He said, that hæmorrhage is stopped by the tumefaction of the surrounding cellular membrane, and that he found it so some time after the infliction of the wound; but in this he mistook the swelling which results from inflammation, and which, of course, will require some time, for the rapid and decisive operation of Nature, that must be performed immediately, or the patient perishes. In short, all these inquirers took but a partial view of the subject. Petit, Morand, and others, saw only that which occurred soon after the wound had been inflicted, and which prevented immediate death from hæmorrhage: Pouteau saw that which happened afterwards; and all parties were right so far as they went, but not one was sufficiently comprehensive. I pass all subsequent theories, founded more or less on those already mentioned, and proceed to that of the late celebrated John Bell. In a vein of humour peculiar to himself, and which rendered him the most dangerous critic to which any author or any opinion could be subjected, he swept away all that had preceded him, and in their place attempted to substitute an hypothesis which will scarcely bear examination much better than any of those he desired to remove. He says:—"When an artery is wounded, the stream of blood gradually lessens, because the vessel is emptied, and the resistance to the arterial action is removed." He then says that—"as the stimulus is removed, the blood forsakes the open artery, and passes by the collateral branches." Now, the obvious meaning of this passage is, that the impulse communicated to the artery, by the blood passing through it, is actually the cause of the circulation, and when this impulse is removed, the blood no longer traverses the vessel, but is diverted into the collateral branches; and if this be true, it follows that there should never be hæmorrhage at all—for the mere act of dividing an artery should send all the blood by the accessory circulation. Further, he says that "the surgeon claps his finger on the mouth of an artery, which prevents external bleeding, and the blood is then injected into the cellular membrane, coagulates there, and the hæmor-

rhage is thus restrained." But there is some slight mistake here. The very essence of the inquiry is, as to the manner in which bleeding is stopped, when there is no surgeon present—no assistance to be derived from art—and yet the surgeon's finger is introduced as one of Nature's implements: and again, it was not consistent to ridicule Petit for imagining that a clot of blood could be efficacious in such a case, and then advance, that "the cellular membrane is injected with blood," which, if it at all prove useful, must be by coagulating—or, in other words, forming a clot.

I consider that the process by which hæmorrhage is perfectly and permanently controlled should be divided into two stages, one immediate, or, as it should be more properly termed, temporary—the other more remote, but permanent, by which a recurrence of the bleeding at any subsequent period is provided for and prevented. The first of these is effected by the application of pressure to the mouth of the bleeding vessel—it may be by the contraction of the orifice of the vessel, as Mr. Guthrie supposes to be the case in arteries injured by laceration—it may be by the formation of a coagulum, as is more obvious to our observation in simple incised wounds—still in each and every case, Nature seems to employ pressure as her first resource. The second step is the establishment of inflammation in order to lead to the total obliteration of the vessel subsequently. Both these processes are necessary to the safety of the wounded man. If the vessel is so circumstanced that this pressure cannot be applied—or, being applied, if it is relaxed or removed—or if the second process is not completed or is imperfect, the bleeding will return sooner or later, and is then known by the appearance of secondary or consecutive hæmorrhage. Thus, soon after the cessation of the bleeding, and the formation of the clot, coagulating lymph is effused at the extremities of the divided vessel, which attaches the base of the internal coagulum to the circumference of the wound, and if allowed to become consolidated, forms a tolerably efficient barrier against the recurrence of hæmorrhage. The blood begins to circulate through the collateral branches, which, at a very early period become enlarged in order to accommodate themselves to the performance of their new functions, whilst all that portion of the vessel between its division and the next collateral branches above and below begin to contract in diameter—the internal coagula are absorbed—and, finally, these portions of the vessel become impervious, and degenerated into little more than ligamentous cords. There is a curious circumstance connected with this subject that must be noticed, although it cannot be explained. When an artery has been divided, and ceases, spontaneously, to bleed, the process by which such bleeding is controlled is always more perfect in the superior or cardiac section than in the inferior: that is, if the femoral artery, for instance, is wounded, and the bleeding ceases for a period, and then bursts forth again, it is almost invariably, and without exception, the inferior portion that bleeds—no matter whether the consecutive hæmorrhage be soon or late—at a near or a remote period from the infliction of the injury.

But it may be asked—Are the processes just described, the same by which an artery that is only notched heals subsequently—or is it a matter of necessity that a vessel once opened in any manner must continue to bleed, unless its calibre is obliterated?—On this subject I have met with a considerable diversity of opinion, and there has not been a sufficiency of evidence collected to decide the question satisfactorily. Many persons, for whose practical experience I entertain the highest respect, believe that an artery so circumstanced may heal without obliteration. Dr.



Jones details three experiments, the results of which would show that the arteries of dogs, if only divided to the extent of one-third of their circumference, heal without their calibres being even diminished; but with reference to this point it must be remarked that the arteries of inferior animals do not, either in their physiological or pathological qualities, resemble those of man, and therefore, (to say the least of them,) all such experiments prove nothing in explanation of the process of repair in the human subject. Again, a case of aneurism, at the bend of the arm, and produced by the puncture of a lancet in bleeding, was treated by compression in Steevens' Hospital, and recovered; the artery remaining perfectly pervious through the entire of its course: but in this case the vessel passed in front of the tumour, and the only way in which a connexion between them could be explained was by supposing the lancet to have transfixed the vessel, the anterior wound to have healed, and the posterior to have formed the aneurism. But this is stretching imagination beyond probability—and it is far more likely that the artery which passed in front of the tumour was the radial which came off, (as it frequently does,) very high up, whilst the ulnar, occupying the usual situation of the main trunk, had been wounded, and the aneurism, in increasing in size, pushed forward the radial on its surface. Under all circumstances, however, and fortified by the uniformity and simplicity with which Nature performs her operations, I freely acknowledge that I do not believe a wounded artery ever heals unless by obliteration. Already it has been shewn that in an open and patulous wound, a notched artery will bleed to a terrific extent, merely because it cannot retract, and a coagulum cannot be formed. I have known death to be the result of such a wound of the *anastomotica magna*, near the condyle at the elbow, in a case that was left without assistance; but in these countries, such cases very rarely occur—the loss of blood invariably creates too much alarm to admit of such neglect—something is wrapped about the wound—some artificial pressure is made, and then the case ceases to be one in which the unaided efforts of Nature can be appreciated.

Of these two processes the first is the only one that can be imitated or assisted by art—the second is a vital action but little under the control of the surgical practitioner; accordingly it sometimes fails, and when it does so, occasions one of the most troublesome cases to be met with in practice. I confine myself, therefore, in the present instance, to the measures usually adopted to control bleeding on its first occurrence—secondary hæmorrhage will be treated of hereafter.

The older surgeons, ignorant of facts now so generally known, and apparently so simple, must have been fearfully alive to the dangers of hæmorrhage—dangers which they knew not how either to combat or avoid, and which rendered the consequences of their operations more formidable than the operations themselves. Of course all their discoveries proceeded from accident or empiricism, as they could have no principle to guide them, and yet it is worthy of remark, that as most of their contrivances were resolvable into pressure, so are they occasionally resorted to at the present day. Their chief reliance was on fire—they plunged a red-hot iron against a spouting artery, or cut off a limb with a heated knife; ignorant that the eschars thus produced pressed upon the vessels, and so prevented bleeding. They used styptics, and employed agaric and sponge, without knowing how either happened to prove useful. In short, their entire practice was empiricism, and they adopted their several means without caring much as to their mode of operation—even Ambrose Paré, who discovered the use of the ligature, received it as a re-

velation from Heaven, and never troubled his mind farther about the matter. We, occasionally, at the present day resort to these different modes of treatment, the great and striking difference being, that as we have some principle to govern our practice, we adapt each mode of applying pressure to the case to which it is particularly suitable. Thus, the object being to prevent the flow of blood for a sufficient time to allow of the establishment of inflammation, we endeavour to select that form of compression which is least painful in its application, and least doubtful in its result. The methods by which this can be accomplished may be arranged under the following heads:

1. Pressure, by means of compress and bandage, or by mechanical instruments.
2. Pressure, by ligature.
3. Pressure, by torsion.
4. Pressure, by the application of styptics.
5. Pressure, by the formation of an eschar.

1. Whatever predilection a surgeon may entertain for the ligature, he, nevertheless, will meet many cases in which he will be disposed to try compression, and some in which he can have no other resource. Thus, his business may be with a patient who has an unconquerable dread of the knife, and who will steadily refuse to submit to those incisions that are almost always requisite to expose a wounded artery, so that it may be tied with safety. Or the wounded vessel may lie deep—or it may be of such size as to encourage a reasonable expectation of the bleeding not proving very profuse—or there may be nerves, or other very important parts liable to be injured—or the accident may have happened at night, and in a situation where it might be impossible to procure light and the assistance necessary to the performance of a very delicate operation. I pass over cases where there may be reason to suspect a diseased condition of the vessel, and the still more dreadful cases of secondary hæmorrhage, where the ligature had been already tried and failed. Independent of these, the recent cases are numerous, in which a surgeon is obliged to trust to compression and bandage, and the success that occasionally attends this practice will appear surprising when the difficulties and dangers that accompany it are considered.

If we consider the subject physiologically, it appears necessary, in order to the perfect compression of an artery, that the vessel should be small in size, and situated superficially, for if a strong muscle intervenes, its contraction will be sufficient to raise the compress and allow the vessel to bleed internally. The artery should lie upon a bone, so as to afford a counter-resistance to the pressure from without—there should be no accompanying vein, nor indeed any vein in the neighbourhood through which the current of blood could be intercepted by the compress—there should be no accompanying nerve—in a few words, the artery should be small and healthy, superficial, insulated, and resting on a bone, and a very slight anatomical reflection will shew how few the arteries are that are so fortunately circumstanced. Even in the most favourable cases, there are still some apparent difficulties. The compress and bandage ought to be applied so tightly as to lay the opposite sides of the wounded vessel fairly in apposition, and in general this occasions such a degree of pain that few patients, (once the actual terror of bleeding to death has passed away,) will or even can endure it. All bandages will stretch and become loose—the patient will shift about and endeavour to alter its position and its bearing—and I have known one who actually took it off. If the bandage is too loose, it may not controul the bleeding, or, what is worse, preventing it from appearing without, it may permit the vessel to bleed internally, and in a few hours the sur-



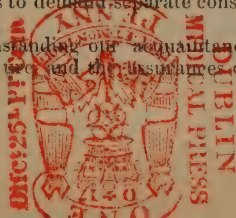
geon, summoned by the agonising distress of his patient, finds the limb swollen, its cellular tissue in every direction injected with blood, and the entire ready to fall into gangrene. If, on the contrary, the bandage is too tight, and particularly in persons of bad habit and debilitated constitution, the pressure necessary to controul the bleeding may occasion mortification of all the structures beneath it. Of all the arteries in the body, the temporal has been justly considered to be that which may with most safety be entrusted to pressure, yet even here very calamitous results are by no means improbable. Soon after the application of the bandage, the patient complains of intense pain, and when the dressings are removed, the integuments are found in a state of erysipelatous inflammation, threatening to run into gangrene—the wound opening, and the blood bursting out again. If (as I have unfortunately witnessed,) the compression is re-applied, it only hastens the mortification without at all controuling the bleeding; nothing that the patient can endure will restrain the hæmorrhage, which is profuse, and often periodical, until that condition of constitution is established, known by the appellation of hæmorrhagic fever; at last, perhaps, the trunk of the artery is tied at a distance from the slough, and such an operation may succeed, but in consequence of the freedom of anastomosis among the branches is far more likely to fail. Thus harassed and broken down, pale and exsanguine from repeated losses of blood, either the patient dies at an early period, or the foundation is laid for dropsy, consumption, or some other disease that will eventually carry him off. This is a sad picture of events, and unfortunately it is sometimes a true one, but not by any means so frequently as a mere theoretic reasoning on the subject might lead us to believe: in practice we find the treatment by compression tolerably successful, and that, too, in situations, and under circumstances that might not always be anticipated.

When compression is resorted to for the purpose of controuling hæmorrhage, a graduated compress is to be placed exactly over the aperture in the bleeding vessel, and secured there by a bandage, rolled so evenly, that no one part of the limb is subjected to greater pressure than another; and so firmly as to lay the opposite sides of the vessel fairly in contact, but, at the same time, occasion as little pain as possible. This is generally accomplished by a comparatively moderate degree of pressure, and I believe the important point to be attended to, is the evenness, rather than the force. In the arm, for instance, which is frequently the seat of this operation, in consequence of the artery being punctured by an awkward and ignorant phlebotomist, the bandage should commence with the fingers, each of which should be rolled separately and firmly, it must then be carried evenly up the arm, and terminate a short distance above the position of the compress. The arm should then be laid upon a pillow, and the patient receive the strictest injunctions not to attempt to move it. For some hours the case will require the most watchful attention on the part of the surgeon. If there is no increase of pain, or throbbing, or other uneasiness, the compression will probably succeed, and I believe many an individual has had the brachial artery opened without ever entertaining a suspicion that he had been exposed to so much peril: if there is this increase of pain or tension, the arm must be opened and examined lest bleeding should be going on internally. This is a most fearful accident—it constitutes the disease termed traumatic aneurism, and is of such importance as to demand separate consideration hereafter.

2. Notwithstanding our acquaintance with the resources of nature, and the assistance of military sur-

geons, that hæmorrhage from a middle-sized artery need not create alarm, we uniformly endeavour to control it with the least delay possible; and although compression can, as I have shown, so frequently be made available, we always, when practicable, prefer to tie the vessel. In this way, mechanical pressure is applied directly on the spot we choose to select; it is firm, and, if properly tied, incapable of being disturbed; and requires not the irksome and often painful apparatus of compresses and bandage, which may stretch, or otherwise become loose, and are then either utterly useless, or cause disturbance to the patient by their repeated application. A ligature also places the artery in a condition the most favourable to the production of that inflammation which is subsequently to occasion its obliteration; and, although it sometimes fails, and is even followed by consequences of a most formidable nature, yet in general it is the most secure, and, therefore, the most satisfactory line of practice.

When a ligature is thrown round an artery, the first effect is to approximate its opposite sides closely together, and, of course, arrest the flow of blood through it. When tied with a sufficient degree of tightness, the internal and middle coats are divided completely through, and the cord is kept in its place by its hold of the cellular tissue compressed within its small noose. This division of the internal and middle coats was held by Jones to be indispensable, inasmuch as when it did not occur the artery failed to become obliterated in consequence of the absence of the process of inflammation: his experiments, however, were all made on the inferior animals, and I have already noticed the fallacy of the conclusions to be drawn from them. In the human subject, the internal and middle coats are so brittle that it would be difficult to tie an artery without cutting them through: yet it is not necessary that this should happen. I have seen instances in which an artery was obliterated by the pressure of the "presse artere,"—(an instrument to be described hereafter)—it is familiarly known that it may become so from compression artificially applied by means of bandage; and the influence of tumours in the same way incontestably proves that an artery may go through the entire process from inflammation to obliteration without its coats being so divided. I am not objecting to the practice of tying a ligature tightly; for, I believe, it is the best mode of ensuring that inflammation on which the success of the operation depends, and I have always adopted it myself; but merely stating as a pathological fact that the division of these coats, however useful, is not always absolutely necessary. Coagulating lymph is then thrown out within the vessel from the edges of its divided coats, or from the surface of the divided membrane, and a clot is formed internally, of the size, shape, and extent with that which has been already described as occurring within a wounded vessel about to be healed by the operation of Nature alone. The blood that is destined to nourish the limb now begins to flow through the collateral branches, some of which become proportionally enlarged, whilst the intercept portion of the trunk, between the ligature and the next branch, is diminished in calibre; and, finally, although at a remote period, degenerated into a ligamentous cord. In the meantime, the absorbents must remove the living portion of the cellular coat of the artery immediately in connexion with the little slough within the noose of the ligature—a process that is completed within a longer or shorter time, according to the size of the vessel, and then, so far as its mechanical compression is concerned, it might be withdrawn; but it is generally held more or less firmly by granulations that are found in the adjacent parts of the wound—there





is peril in pulling it prematurely, or otherwise interfering, and it will be better to leave it to be thrown off by suppuration, or until a confidence exists amounting almost to certainty, that the healing process has been completed.

In order to secure an artery that has been perfectly divided, each segment should be seized with a tenaculum or forceps, gently drawn out from the surrounding cellular tissue, and held whilst an assistant ties up the mouths of the vessel with a round ligature properly prepared. In every instance, with one exception, the vessel should be completely insulated, and nothing but itself included within the cord: that exception having reference to the arteries of old persons which have become rigid and contain a quantity of earthy deposit, and are apt to break off during the operation of seizing and drawing them out. This may render it excessively difficult to secure such a vessel, and, in such a case, it will be advisable to include some of the adjacent softer tissues, (always excepting a nerve or a vein, which, under every disadvantage, ought to be avoided,) and the patient thus treated, in general, progresses very favourably. From inattention to this precaution, I have more than once seen great difficulty and delay in securing the arteries of a stump after amputation, and the operator at length obliged to resort to deep plunges of the needle. As one end of the ligature must be left hanging from the wound, in order to its withdrawal afterwards, it is evident that until its removal the wound cannot be made to unite by the first intention, and where there are many of them, as on the face of a stump or other extensive surface, their presence, acting as so many setons keeps up irritation, and often a profuse discharge. To obviate this inconvenience, it would be desirable to suggest some plan, which, whilst it might be sufficient to control the bleeding, should also permit the perfect closure of the wound.

In 1814, Mr. Lawrence proposed to tie the vessels, in such a case, with fine silk ligatures, cutting off the ends as close to the knots as might be consistent with security, and detailed several instances of such practice in which the wounds healed kindly, and the small nooses were never afterwards seen or heard of. I have seen this practice adopted with very considerable success, and have myself, in cases of extirpation of the mamma, frequently employed ligatures of thin cat-gut, and cut off the ends close to the vessel, and certainly have witnessed very gratifying results; but I would not be disposed to entrust a large artery either to very fine silk or to cat-gut, and with respect to the smaller branches, I believe the comparatively modern practice of torsion to be decidedly preferable to either, if properly, or, I should rather say, dextrously performed.

3. The proposal of controlling hæmorrhage in this manner, originated with Amussat, a surgeon of high reputation; and the object of the operation seems to be to place the vessel in the same or a similar condition as if it had been divided by gun-shot, or other lacerating force. To accomplish this purpose, the vessel is seized, drawn out, and carefully insulated from the surrounding cellular tissue; it is then, by means of a forceps, contrived for this purpose, twisted on its own axis, until its extremity is torn and broken up—the broken portion forming a knot or knuckle on its extremity, which mechanically blocks it up. The residue of the process is said nearly to resemble that which should ensue on the application of a ligature. As a mere means of controlling hæmorrhage from small vessels, I am favourable to torsion, because I have practically experienced its value, but it is right to mention that some dexterity (perhaps only to be acquired by practice,) is requisite for the performance of this operation: frequently have I seen the entire

extremity of the artery twisted off, and the blood continue to flow.

4. Lastly, it may happen that an artery shall be wounded in a situation that cannot be reached, as in operations about the antrum, the root of the tongue, or other parts of great depth or intricacy. Under such circumstance, there is no resource but the actual cautery, and in general it is very successful. It acts by producing a slough, which, lying on the mouth of the vessel, closes it for a time, during which the process of inflammation within it tends to its permanent obliteration. When this latter does not occur, or is but imperfectly performed, the vessel bleeds again on the separation of the slough, and constitutes one of the most unpleasant and unmanageable forms of secondary hæmorrhage that we have to deal with. On the contrary, where the bleeding is superficial and extensive—where there is a general oozing, and no distinct vessel can be discovered, a reliance may be safely placed on styptics, accompanied by a moderate degree of pressure. Of these there has been a great variety, and each in its turn held its day of celebrity; but nothing can more satisfactorily prove their inefficiency in really important cases than the ephemeral reputation they enjoyed. They have now, (except in the cases just alluded to,) all given place to the ligature.

## MEETINGS OF SOCIETIES.

### SURGICAL SOCIETY OF IRELAND.

APRIL 25, 1840.

The President of the College in the chair.

Mr. WALSH said he had to present a specimen of dislocation of the shoulder joint which he thought worthy of the notice of the society. It occurred in a woman, admitted into Sir Patrick Dun's Hospital, for diarrhoea, under which she laboured about seven weeks, and sank quite exhausted on the second of April. On admission, she presented the usual symptoms of dislocation of the shoulder forwards, and stated that she had met with the accident some time before, while endeavouring to separate two boys from fighting, in which she was knocked down, and fell on her shoulder. On removing the joint, Mr. Walsh found the head of the humerus thrown forwards on the internal part of the neck of the scapula, in which it had formed for itself a depression or cavity covered by a fibro-cartilaginous substance. All the tendons of the muscles, passing over the joint, were perfect. The synovial membrane appeared also to be entire; and the internal surface of the capsule was formed by a portion of the tendon of the subscapularis, which was raised from its attachment to the bone. The motions of the arm, backwards and forwards, were quite free; but there was only a limited power of elevation. The arm did not appear shorter than the other, and there was no remarkable degree of atrophy. The woman was about fifty years of age, and remained in hospital seven weeks. On looking over different works on the subject of dislocations, Mr. Walsh had met with three cases which bore considerable analogy to that which he had briefly noticed. One of these was communicated in the *Dublin Journal* by Sir Philip Crampton, and bore considerable resemblance to the case he had detailed. The chief point of difference was—that in Sir Philip Crampton's case, the head of the humerus had passed under the subscapularis, the tendon of which was carried round the neck of the bone. The second case had occurred at St. Thomas's Hospital, and had been examined by Sir A. Cooper: the third case was reported by Mr. Thomson. Mr. Walsh said he was



anxious to submit the specimen to the members of the society with a view of having their opinions on it.

Dr. HOUSTON said he looked upon Mr. Walsh's case as one of true dislocation. It did not bear any resemblance to those specimens of diseased joints which simulated dislocation. The cartilage on the head of the bone, and covering the glenoid cavity, was perfect; the original glenoid cavity was, to a certain degree, perfect, although diminished in size; and there was a distinct cavity on the anterior part of the neck of the scapula, covered with fibro-cartilaginous substance, and adapted to the head of the bone. Again—the tendon of the biceps was perfect; a condition rarely known to exist in cases of congenital disease. The muscles were also, in a certain degree, perfect; and, though Mr. Walsh had not been able to trace the injury to a particular cause, Dr. Houston had no doubt of its being a case of dislocation, and worthy of the attention of the society. There was a dry preparation of the same form of dislocation in the museum, which he would send for, as it tended to illustrate Mr. Walsh's specimen.

The PRESIDENT inquired if there were any relative measurements made of the length of the dislocated arm.

Mr. WALSH said there were not; but, as far as he could guess, it was a little shorter than the other one.

The PRESIDENT said that a great many mistakes had been made on this point. M. Malgaigne has shewn, in a very satisfactory manner, that there is no shortening in any dislocation of the shoulder joint.

Dr. HOUSTON said he had brought two dry specimens of dislocation of the shoulder joint from different causes; one of these was a specimen of luxation from violence; the other, which presented a very striking contrast to it, was a specimen of luxation from congenital disease. The resemblance between the former and Mr. Walsh's specimen was sufficiently obvious.

The PRESIDENT said that Mr. Walsh's specimen seemed to be one of ordinary dislocation of the humerus forwards, but was not less interesting on that account; it was partial dislocation forwards under the clavicle.

Mr. SMITH begged leave to make a few observations on the specimen under consideration. Though sorry to differ with the learned President, truth, and a conviction of his opinion, being tolerably well grounded, compelled him to differ with him on this occasion. It was to be regretted that the history of the preparation was so imperfect, and that the actual condition and appearance of the joint had not been known before the patient's admission into hospital. In the specimen exhibited by Mr. Walsh, the appearances of the humerus and scapula did not correspond; and, it was a well-known fact, that in unreduced luxations of the humerus, the alterations of form were as remarkable in one as in the other. In this instance there was an imperfect cavity on the scapula; but the head of the bone had undergone no derangement, except that its long axis was directed from above downwards. Something like a glenoid ligament still remained, and the cartilage of incrustation was of a pearly blue appearance, unlike the colour of healthy cartilage, it was true, but not differing from it in any other particular. Again—there were no bony deposits about the joint; and the new socket which had been formed seemed to be owing to the insufficient development of the glenoid cavity, which allowed the head of the bone to slip backwards and forwards. From these facts, and from the knowledge he possessed of the appearances presented by congenital

luxation, (of which he had seen not less than five specimens,) Mr. Smith said he would be led to conclude that Mr. Walsh's specimen was one of congenital, and not of accidental, luxation. The specimen exhibited by Dr. Houston was quite different, and presented the bony deposits which occur in unreduced dislocation. The great proofs, in his mind, that it was a specimen of congenital luxation were—the form of the head of the humerus—the insufficiency of the glenoid cavity—and the integrity of the cartilage. The tendons of the muscles of the shoulder were all perfect, and the tendon of the biceps, which was also entire, was attached in the position it occupies in congenital luxation—namely, between the new and old glenoid cavities. These circumstances, and the preparations he had in his possession, impressed him with the conviction, that it was a congenital malformation, and not the result of accidental violence.

Dr. POWER wished to know if the limb in question was in a state of atrophy?

Mr. WALSH said, that before answering Dr. Power's question, he would beg leave to observe that, when he shewed the preparation to Mr. Smith at the last meeting, he had expressed an opinion that it might be congenital; and, on this account, Mr. Walsh had examined the woman's friends to ascertain if she had had a perfect use of the limb, and found that she was a washerwoman, in constant employment, and having, to all appearance, the perfect use of both upper extremities, and no distortion or derangement of form in the affected shoulder. As to the absence of deposits of bone, it might be owing to the quiet position in which she lay up to the time of her death.

Dr. HOUSTON said, in reference to what had dropped from Mr. Smith, that the case might be one of congenital dislocation; but he did not think the proofs satisfactory. From the arrangement of the parts it was impossible that the head of the bone should have been in the habit of slipping backwards and forwards, as stated by Mr. Smith. There was an original cavity for the head of the bone, which, although it had been deserted, still retained its pristine character.

Mr. SMITH said that was one of his proofs.

Dr. HOUSTON observed that the new-formed cavity presented the gristly substance, which is always where parts have been exposed to long-continued pressure from the head of a bone; it was, in fact, a new texture, differing, in a remarkable manner, from cartilage, and affording proof on inspection that it was a new formation. As to the shape of the bone, he thought it could be accounted for in a different way. Although the period mentioned by Mr. Walsh was rather too short for any remarkable change to take place, for he had mentioned that the woman was only about two months in hospital.

Mr. WALSH here intimated that the accident had occurred five months before the woman's death.

Dr. HOUSTON said that space of time was quite sufficient to account for the changes which had taken place in the bone. When the nature of the woman's occupation was considered, and the fact that her family was not aware of any weakness or deformity of the shoulder, it could be hard to conceive how she could have laboured under congenital disease.

Mr. SMITH said Dr. Houston had stated that the cartilages were perfect, and so they are in all cases of congenital dislocation. He also said that the new socket was not lined with cartilage; this was equally true with respect to congenital luxation. The specimens he had resembled Mr. Walsh's in every particular.

Dr. HOUSTON asked how was this statement to be reconciled with the account given by the patient's family?



Mr. SMITH said he could adduce several cases in which the disease had been mistaken, or not recognised during life.

Dr. POWER said he could not agree with Mr. Smith, that there was no deposition of bone; for, if the specimen was carefully examined, a new deposition of bone would be found at the lower and inner part of the new socket. As to the head of the bone passing from one cavity to the other, he thought that the angle of bone which lay between them would prevent such an occurrence under ordinary circumstances. It was also hard to explain why the old glenoid cavity, which appeared not to have been occupied by the head of the bone during life could be so well provided with cartilage of incrustation. With respect to the existence of cartilage in the new socket, he thought the point was not sufficiently investigated. The late Mr. Wallace, who was one of the first that made this point a subject of inquiry, had asserted that the new socket never presents cartilaginous deposit; but that an ivory deposit is sometimes observed in it. In this case there was no appearance of cartilage, and the muscles about the joint did not appear to be so much atrophied as they are in cases of congenital luxation. With respect to the head of the bone there was nothing remarkable in it, except at the upper part, and this, as Professor Geoghegan had remarked, might be the natural form. He had dissected shoulder joints in which he had met with this deviation from the normal form on both sides.

Mr. SMITH observed that, in a preparation in his possession, the angle between the new and old sockets was fully a right angle, and yet the head of the bone could be moved freely from one to the other.

Mr. WALSH said that this did not occur in his case.

Dr. POWER asked if Mr. Smith had noticed the alteration which had occurred in the shoulder joint where the head of the bone could pass from one cavity to another?

Dr. H. KENNEDY said he had seen the woman, and did not find that the bone could be moved out of its place. The arm was not wasted, nor did he expect to find it so. He was inclined, however, to agree with Mr. Smith, for he did not think that the nature of the accident was such as to produce dislocation. The movements of the joint were tolerably free, until the arm was raised into the horizontal position.

Mr. WALSH said he had requested the woman to raise her hand to her head, and found she could not do it.

Mr. BYRNE said there were two questions, the solution of which was calculated to throw a great deal of light on the case. The first was—did the woman ever complain of any affection of the joint previous to the accident? and the second was—did she follow her usual occupation after it? On these points no satisfactory information had been obtained, and this was calculated to throw a great deal of obscurity over the case.

Mr. SMITH said he had seen a case of congenital luxation of the shoulder, in which the patient was able to earn her bread by manual labour. He was also acquainted with the case of a young woman who was constantly in the habit of going into company, and in whom the disease had never been suspected during life.

The PRESIDENT said that the better course would be to suspend the discussion until Mr. Smith brought forward the specimens to which he had referred.

Dr. BENSON, in presenting an extremely beautiful and valuable preparation of aortic aneurism, said he would detain the meeting only for a short time. The

specimen which he laid on the table exhibited the results of a post-mortem examination which he had lately made, and his ingenious friend, Mr. Henderson, had placed the parts in such an advantageous and beautiful position, in making up the preparation for the museum, as to render description almost needless. The preparation spoke for itself; but Dr. Benson would take leave to introduce it with a brief account of its previous history:—

The patient from whom it was taken had applied for admission, about a month ago, at the City of Dublin Hospital, and his appearance was so remarkable, it struck Dr. Benson, at first sight, that he was laboring under aneurism of the aorta. The embarrassment of the breathing—the expression of countenance—the peculiarities of the voice, and cough, instantly arrested attention, and a diagnosis was hazarded, which, on further examination, was adhered to. The voice, cough, and respiration, a good deal resembled what are met in laryngitis; but then there were differences sufficiently marked to catch the ear. The voice was hoarse and husky, but irregularly so, and not quite reduced to a whisper. It seemed mixed—the distinct laryngeal sounds being somewhat confused by the rustling of other noises, and it occasionally imitated ventriloquism. The cough was raucous, sometimes croupy, and its roughness evidently arose from some cause below the larynx. The respiration could be heard, but it had not the loud dry character of an obstructed larynx. The countenance was expressive of pulmonary distress—slightly livid, anxious, and marked with respiratory lines. Such were some of the principal phenomena that attracted notice the moment the patient presented himself, and that induced Dr. Benson to say he thought the case was one of aortic aneurism. On further examination it was found that there was no external tumour of any kind, nor any deformity of the chest—to the eye all seemed right; but the hand could perceive a slight pulsation to the left side of the sternum between the first and second ribs. Percussion elicited healthy sounds all over the thorax, except in the seat of this pulsation, and here there was some dullness over a space about two inches in diameter.

When the stethoscope was applied, an impulse was felt in the same place, and a first and second sound were distinctly audible—more audible, indeed, than in any other part of the thorax. The heart's action was rather feeble—its sounds not very loud—its impulse weak. Placing the instrument, successively, on different parts from the clavicle, downwards, along the half margin of the sternum, the sounds were loudest between the first and second ribs—they gradually became fainter to between the fourth and fifth ribs where they were nearly inaudible—then again they increased as the apex was approached. The dullness on percussion extended across the sternum above, becoming fainter, and the sounds faded in like manner. These physical signs left little or no doubt of the existence of an aneurismal tumour; but, of course, other signs were sought for. It was endeavoured to be ascertained if the tumour pressed on one lung, or one bronchial tube more than the other; but the respiratory sounds were alike in both lungs. In neither of them could the vesicular murmur be heard—it was masked by an extremely loud tracheal rhonchus. The loudness of this sound, compared with that heard by the ear at a distance, confirmed still further the opinion—that the larynx was disengaged. There was no abnormal sound in the region of the heart, nor in the neck, except a very feeble bellows murmur above the sternum and the inner extremities of the clavicles.

Dr. Benson said that the observations now made enabled him to confirm his first diagnosis, and to de-



fine the nature and seat of the disease. He concluded that the pulsating tumour was aneurismal—that it was situated in the arch of the aorta—and that it pressed on the trachea—that the heart was not diseased, or only a little so'tened. Dr. Benson said he ought to have mentioned that the veins in the neck were distended, more especially the thyroid veins—the jugulars were large and full, and seemed alike on both sides. The larynx was not drawn down during inspiration as it usually is in dyspnœa, but seemed very much fixed.

The account the patient gave of himself was, that he was a labourer, 50 years of age, healthy up to about nine months ago, when slight cough and difficulty of breathing after exercise, began to be experienced, and had ever since been increasing.

Dr. Benson said there were one or two circumstances, not yet mentioned, which he could not explain during life, and which threw some obscurity over the diagnosis, yet not enough to induce him to alter his opinion. These referred to the circulation in the vessels which arise from the arch.

The pulse in the *right wrist* was imperceptible, or nearly so—in the *right carotid* it was full and strong. The pulse in the *left wrist* was natural—but in the *left carotid* was quite annihilated. Had the pulse in the wrist, and the carotid of the *same side*, been interrupted, it would have been easy to explain it; but when opposite sides were engaged, how was it to be accounted for? Various conjectures were formed—such as that there were two sacs—that there was an irregular giving off of the great vessels from the arch, &c. These conjectures were not satisfactory, and dissection proved that they were not correct. The phenomena depended on circumstances which were not at all suspected. He would mention them by and by.

Dr. Benson further stated, that the patient gradually became weaker—the dyspnœa increased—the expectoration, at first, simply mucous, became purulent—dysphagia was considerable towards the close of life, and death terminated his sufferings, just three weeks after his admission into hospital.

The body was examined thirteen hours after death. It was emaciated, but presented no tumour externally. The lungs were found a good deal diseased—several small tubercles were scattered through it, and one of considerable size occupied the top of the left.

The aneurismal tumour was as large as a turkey's egg, and arose from the arch of the aorta at the origin of the left carotid and left subclavian. The arteria innominata was perfectly free, and the right carotid and subclavian totally unimplicated. The sac was lined with several layers of an extremely firm coagulum which occupied one half of its cavity, leaving the other half capable of admitting the fluid blood. The coagula were closely applied to the sac all over its extent, and completely sealed up the openings of the carotid and subclavian, so that no blood could enter them. These two vessels were quite impervious—the carotid being reduced to a hard round cord up to its bifurcation, and occupied with a little lymph deposit which obstructed the probe and united the walls—the subclavian being flattened, contracted, stretched over the tumour, and its walls slightly adhering. The pneumogastric nerve was stretched over the tumour, flattened and spread out; but below the tumour it resumed its usual shape. The recurrent was injured in removing the parts. The direction in which the tumour extended was to the right side, behind the arch, behind the trachea, which it pushed over a good deal, and before the œsophagus. The œsophagus may be seen expanded above the tumour, and contracted as it passed between it and

the spine. Every thing is so clearly and beautifully exhibited in the preparation, that he had much pleasure in directing the society's attention to it.

Dr. Benson now came to consider how it happened that there was no pulsation in the right radial artery, although the arteria innominata was pervious and unobstructed. This he explained by the fact which he observed during the dissection—namely, that the subclavian artery lay on the displaced trachea, and corresponded precisely to the sternal end of the clavicle, so that it was compressed by the bone before, and the air tube behind. The carotid was free from such compression, and, therefore, its pulsation were distinct. Again—how it happened that the left wrist had its pulse scarcely interfered with, although the subclavian of that side certainly transmitted no blood, and even the carotid and vertebral were obliterated. This he would explain by the free anastomosis which took place, no doubt, between the branches of the subclavian or axillary, and the carotid and vertebral. But Dr. Benson supposed it would be asked why the pressure on the right subclavian should stop the right pulse, whilst all the anastomising resources were free, and yet that the total obliteration of the left subclavian, and the loss of its principal anastomoses, did not stop the pulse of the left wrist.

This he would explain by the temporary nature of the pressure—it probably was of short duration on the right side—perhaps only in particular positions of the arm or the patient, and the anastomising vessels did, therefore, not take on their vicarious duty. But the left subclavian being permanently obstructed, the small arteries undertook to supply the arm, and filled the radial as it originally used to be.

Dr. Benson would now let the preparation speak for itself.

Dr. Houston said he had seen the case described by Dr. Benson, and was much interested with it. He thought it remarkable that no tumour could be felt above the sternum, although it appeared so high.

Dr. Benson, in answer to questions, said the voice was raucons, but the enunciation distinct—it was not the voice of laryngitis—nor was the dyspnœa so urgent as in that disease. The patient was 50 years of age. The disease commenced, as the patient supposed, in last August. The tumour lay behind the trachea, and, therefore, could not be felt in the neck. The heart was softened. The aorta greatly dilated from its origin to its termination at the diaphragm, and the opening into the sac was an inch and a quarter in diameter.

The society then adjourned.

#### LETTER OF DR. CARTER, OF NEWCASTLE-ON-TYNE.

READ AT THE MEETING OF THE ASSOCIATION.

Newcastle-upon-Tyne, Thursday,  
May 21, 1830.

MY DEAR SIR,—I need scarcely tell you that medical reformers in this part of England, are anticipating, with a feeling of much interest, the meeting of the Medical Association of Ireland, on Wednesday next—nor is it necessary for me to assure you of their desire to co-operate with that large and influential society, in promoting the several objects, for whose attainment so many bodies of the profession are at this moment striving.

The men, who, according to Sir Anthony Carlisle, "turn the world upside down," are often asked, what they are aiming at, and what it is they expect to obtain by a continued agitation, which appears to be so very annoying to that redoubtable champion of the London College of Surgeons. Our answer, (for I suppose I must identify myself with these dangerous persons,) may be given in one word, and that word is—CONSOLIDATION.



We wish to place the profession under ONE presiding influence, instead of under eighteen or nineteen. It is utterly impossible that an efficient superintendence of its interests can be exercised, while their direction (?) is entrusted to so many different and conflicting bodies—bodies which, for the most part, have displayed an entire disregard both of matters relating to the public health, and to the honour and welfare of the medical profession.

The DUBLIN MEDICAL PRESS of May 13, submits to the consideration of those gentlemen who intend to be present at the meeting of next Wednesday, three plans of medical reform. If I might be allowed to trouble you with my individual sentiments, I should very strongly recommend the association to leave the third plan entirely out of the question. The second is unexceptionable as far as it goes—but if it contemplate educational reform alone, it falls short of what is required in the present condition of medical affairs; but, I conceive that the same tripartite medical council, which, according to that plan, would regulate medical education, &c., might also act as a governing body for the whole profession. We want something more than uniformity of education, examination, and privilege. We require a governing body, which shall understand, and which shall represent the prevailing opinions and wishes of the profession, and which will, on that ground, be entitled to respect, not only from the profession, but in its dealings with the legislature. Under such auspices, the rights and privileges of men who had been licensed to practice, would receive protection—public appointments, wherein medical men are concerned, would be properly bestowed—and matters relating to the public health, to medical jurisprudence and police, &c. &c., would meet with adequate attention.

I am at a loss to imagine how uniformity of education and equal strictness of examination would be obtained by the third plan mentioned in the PRESS—I can see in it nothing but confusion. There is one insuperable objection to most of the existing bodies, which at this time have power to confer degrees, diplomas, and licenses, in the same institutions which are concerned in educating, having power to examine also, and to license their own pupils. I need scarcely dwell upon the impropriety of such an arrangement; it appears to have been recognised in Dublin. Dr. Lendrick has forcibly remarked upon it, and I was glad to perceive, in a lecture delivered by yourself, at the College of Surgeons, on November 5, 1839, the following passage:—"I must say that it is my own opinion, in which I believe I am joined by all my colleagues, that it would be much better to disconnect the business of legislating and licensing from teaching."

It is well known that gentlemen who have passed the ordeal of their own schools or universities have been subsequently rejected by other tribunals, on the ground of incompetency. I will not detain you with a recital of the many temptations which, under existing circumstances, every college must have for granting the largest possible number of degrees, diplomas, or licenses. The examining and licensing body should, (I humbly conceive,) be wholly independent of any and every educational establishment, and the examiners should have stated salaries; their emoluments being in no way contingent on the number of candidates who might be either approved of or rejected. I think it would be next to, if not quite impossible, to ensure uniformity where so many bodies would be concerned in its promotion, as are sanctioned by the third of the aforesaid plans, and am therefore of opinion, that the examining and licensing of all candidates for medical practice should be committed to the three boards mentioned in plan number two. But how are these boards to be constituted so as to promote the foregoing objects, and at the same time, to represent the interests of the medical profession, and conjunctively to act as a governing senate? In all long-standing institutions, it is perhaps desirable to bring about any proposed change with as little convulsion as possible. Now, there is no class of medical reformers, so far as I am aware, who are anxious to destroy existing corporations, or to deprive them, in the slightest degree, of any funds they may require for the prosecution of every useful and legitimate object. This should be clearly kept in mind, as it will tend to disarm, in some measure, that hostility which would naturally be excited by any attempt to procure a new sys-

tem of medical government, at the risk of annihilating existing institutions. But does it follow, that in depriving these bodies of the power to examine and to license, we should be adopting a course which would be ruinous to them? I have of late been endeavouring to shew that uniformity in admission fees, as well as in other things, would raise an income far above what would be required for the support of the three boards, and a considerable portion of which might be handed over to the present corporations, independently of the augmented revenue, which, under a liberal administration of their affairs, they might expect to receive from donations, bequests, subscriptions, &c., and this, as was observed in the memorial of the Irish Association, "is the utmost that these bodies have a right to expect."

The establishment of the three boards, (or I should rather say, of the tripartite board, for the same regulations would prevail in each country,) need not interfere with such duties as the present corporations are calculated to perform, and the efficient performance of which will, in any case, secure to them adequate pecuniary resources.

Respecting the construction of the three boards, three plans are proposed in the memorial just referred to, of which the third appears to me to be by far the most likely to meet with general concurrence, for the profession, I firmly believe, will never be satisfied until it be vested with power to control the administration of its own affairs. Witness the little interest felt in behalf of the university of London, wherein the senate is appointed wholly by the crown. At the same time, it is perhaps desirable that any governing body which may hereafter come into existence, should be placed in connexion with the Secretary of State, although the members of it should not be entirely nominated by him. Existing institutions might perhaps, in the first instance, furnish materials in the formation of the national medical senates or boards. The colleges might be opened to their members, all of whom, of a certain standing, being allowed to vote in the choice of officers, and the latter, after their election, being required to appoint delegates, who, (subject to the revision of the crown,) might form those central boards, to which it has been proposed to entrust the superintendence and direction of all matters relating to medical education, practice, and police, and to the preservation of the public health. Such an arrangement would obviate the difficulty experienced by the provisional committee of the North of England Medical Association, when stating in their reports, their doubtfulness as to the establishment of any new system of medical government, whereof the present corporations would not, in some way, form constituent parts. Some such scheme as the foregoing, appears to be hinted at in Dr. Barlow's admirable paper on medical reform, in the January number of "Forbes's Review."

The acts of any one of the three boards would be tantamount to the acts of the whole, for their members would hold periodical conferences, and would be governed by reciprocal laws and regulations.\* To their deliberations might with safety be confided all matters of detail, amongst which I would include the "questio vexata" of "grades," for by such a representative and responsible council, distinctions and titles would scarcely be conferred, except upon just and proper principles; and provided they had such for their foundation, I, for one, should have no objection to "grades."

My views carry me yet further, for it seems to me both absurd and unjust, that a highly respectable and most useful class of men, after having devoted their time and energies, and expending capital in preparing themselves for the practical duties of an arduous, and, even at the best, an ill-requited profession, should be placed in competition with individuals who have undergone no prescribed course of study, but who, nevertheless, under present circumstances, are allowed with impunity to impose upon the public, and to usurp those rights and privileges which should belong to the qualified and educated medical practitioner, and to him alone. It is for the interest of the public that the latter should be protected in the exercise of his calling. I agree with Sir Astley

\* The three boards would, in fact, during their session or congress, constitute the General Medical Council of the United Kingdom.



Cooper in thinking "there should be no unqualified practitioners."

It should be the duty of the General Medical Council to define what is to constitute a legally authorized practitioner, and it should devolve on the law, (a new and stringent law,) to take cognizance of unlicensed pretenders to medical and surgical skill. The prosecution of such persons should not, I conceive, be undertaken by any medical institution, nor should it be consigned to an expensive, tedious, and uncertain process, as in that unfortunate piece of legislation—the apothecaries act of 1815. It should be effected in a more simple and more expeditious manner, as, by summary conviction before a magistrate, a method recommended in the report of the Newcastle Medical Society, which was published in the first volume of the *MEDICAL PRESS*. (Page 222, I believe.

In the expediency of making provision for a scientific and duly licensed class of apothecaries, I most cordially agree. The dispensing of medicine, through the medium of surgeon's apprentices, as practised in England, is, in my humble opinion, reprehensible in every point of view. I should like to see the medical practitioner, as far as it may be possible, freed from the harassing cares, and petty details, inseparable from trade, and devoting his exclusive energies to the higher aims and interests of his profession. Such a provision would put an end to the degrading custom, so generally prevalent on this side of the channel, of the medical attendant being remunerated by a profit upon the medicines sent to his patient—a custom which can never be sufficiently reprobated.

Such are a few of the points which occur to me at the present moment, in connection with the subject of medical reform. The hasty manner in which they have been thrown together, will, I trust, excuse omissions and inaccuracies; and, I must beg you to remember, that, for the opinions expressed in the foregoing observations, I am individually responsible. It seems as though the legislature were going to disappoint us in the present session. By the time of the meeting of the Provincial Medical and Surgical Association, we shall be better able to form a judgment as to what we are to expect from the House of Commons. I have had thought of suggesting to Dr. Barlow, that an address or report might be drawn up at Southampton, which could be circulated amongst the members of the legislature in each house of parliament; and that the members of the Provincial Association should be urged to send petitions from their individual localities, as well as from their united body. If such report could be acquiesced in by all of the associations, it would surely have considerable weight; and, I think, it might not be difficult to construct it in such a way as to secure the unanimous assent of those bodies. We have only to persevere to be successful. Minor differences should be held in abeyance, that the whole profession may unite in establishing great and fundamental principles.

Having imposed upon your patience so long and tedious an epistle, I will not detain you with any observations respecting the benefits to be derived by our profession from association of its members. The best argument in their favour is to be found in a review of the many evils which have arisen from the want of such connecting links between the fellow-labourers in the same good and great cause. We may be very sure that the more we respect each other, the more we shall be respected by the community at large; and, without union, we shall look in vain for any improvement of our present anomalous condition.

I am, my dear sir, very faithfully yours,

CHARLES T. CARTER.

Dr. Maunsell, Dublin.

#### INQUIRY INTO HOSPITALS AND DISPENSARIES BY POOR-LAW COMMISSIONERS.

The following is an extract from the sixth annual report of the poor-law commissioners, (1840) just laid before parliament, relative to the visitation of and inquiry into the medical charities of Ireland. Blank forms have been transmitted to some, if not all secretaries of grand juries, for "a return of all infir-

maries, fever hospitals, and dispensaries, in their respective counties, which received aid under grand jury presentments, passed in 1839, and at the spring assizes 1840," with their locality, description, amount of presentment, and subscriptions:—

"By the 46th and 47th sections of the Poor Relief Act, we are authorised and required to make inquiry into the state of the Irish Medical Charities, and to report thereon to one of Her Majesty's Principal Secretaries of State. We have never lost sight of the duty thus devolved upon us by the Legislature, and, although no step has yet been actually taken for commencing a formal and general investigation of these institutions, we have from the commencement of our operations in Ireland directed our own and our Assistant Commissioners' attention to the subject; and when the fitting period shall arrive, that is, in the words of the 46th section, 'so soon as conveniently may be after the formations of the Unions,' we shall be prepared to take such steps as may be necessary for complying with the provisions of the Act in this respect. In the mean time, we have reason to believe that much may be done in the way of remedy of existing defects in the medical institutions by personal influence and persuasion, through the intervention of the Union and local authorities. We are confirmed in this view by our Assistant Commissioner Dr. Phelan, whose professional experience and intimate acquaintance with the medical institutions of Ireland, and with medical statistics generally, entitle his opinions to great weight. We had much communication with him on this subject, and on the 4th of February he reported certain steps taken by him at Trim and Navan. We insert his report in the Appendix, and the following is a letter which we addressed to him in explanation of our views, on its receipt:—

"Poor-Law Commission Office, Dublin,  
"6th February, 1840.

"SIR,—1. The Poor-Law Commissioners have had under consideration your letter of the 4th inst., detailing your proceedings at Trim and Navan, with a view of providing suitable medical aid for the sick poor, and in which also is embodied much of the matter in reference to the existing medical institutions, which came under discussion when you attended the Board on the 1st inst.

"2. The Commissioners have not been unmindful of the duties devolved upon them by the 46th and 47th clauses of the Irish Poor Relief Act, and are very sensible of the importance of instituting inquiries 'into the state of the several fever hospitals and dispensaries,' as directed by the 46th clause, 'as soon as conveniently may be after the formation of any Union;' and also that they are 'from the time to inspect and examine into the administration of any hospital or infirmary supported in part by grand jury presentments or parliamentary grants,' as required by the 47th clause. These duties, it has appeared to the Commissioners, can be most effectually performed in any district, after the organization of the Unions, when the Assistant Commissioner will have become familiar with the condition and wants of the people, and the number, position, and capacity of the several institutions, and when, too, his connexion with the Boards of Guardians will not only give him access to the best means of information, but will also afford him the readiest means of effecting, by his personal representations and influence, a remedy for any existing deficiencies, and a correction of any errors which may have been allowed to arise in practice.

"This, moreover, appears to be the course contemplated by the Act; for, although the Commissioners are, by the 46th clause, directed to report the result of their inquiries to the Secretary of State, and



'to set forth the number of hospitals or dispensaries which in their opinion ought to be provided, and also an estimate of the sums which will be annually required for defraying the expenses of such additional hospitals or dispensaries,' it must be presumed that such an application for the interference of Government as would be implied in this Report, upon the deficiency of medical provision in any district, is not to be made until after due exertion has been used to stimulate the inhabitants of the district to supply the deficiency by their own efforts; failing in which, the Commissioners are then to report; and the wording of the clause appears to warrant the expectation that, after such Report, Government would interfere and obtain legislative sanction for the enforcement of such measures as may therein be shewn to be necessary for securing to the district the amount of medical provision required by the necessities of the people.

"4. Such appears to have been the view of the Legislature in framing the two clauses referred to; and it may be presumed, even without further legislation on the subject, that the powers which they give will be in a great measure effective in remedying deficiencies, not only in the number of the medical institutions, but also in their application and management. The statement of your own proceedings, in the case of Trim and Navan, exemplifies this view, and appears to be in perfect accordance with the intentions of the Legislature, as indicated in these clauses.

"5. The Commissioners must, therefore, in fulfilment of the duties devolved upon them, first use every effort in their power for bringing about a remedy of existing deficiencies and defects in the medical institutions. If they do not succeed, and if, notwithstanding their utmost efforts, the public are still left without medical aid in any district, the Commissioners will then report the circumstances fully to the Secretary of State, as directed by the 46th clause; and Government will then, it is presumed, be prepared to take such other steps as may be necessary for effecting the objects which the Commissioners shall have failed to accomplish.

"6. Finally, the Commissioners desire that you will proceed, as in the case of Trim and Navan, inquiring into the state of the medical institutions in your district, and using your personal and official influence, and your best exertions, to procure the remedy of all existing defects; and the commissioners further request that you will report your proceedings in this matter from time to time, together with such suggestions and collateral information as your experience and professional knowledge may enable you to offer, and which they propose to use when the time for entering more fully upon an inquiry into the medical charities in Ireland shall arrive, for the purpose of founding thereon a set of instructions, with reference to the 46th and 47th clauses of the Act, more comprehensive than the extent of information which they at present possess enables them to prepare.

"By order of the Board.

"W. STANLEY, Assistant Secretary.

"To Denis Phelan, M.D.,  
Assistant Poor Law Commissioner."

TO THE EDITORS OF THE MEDICAL PRESS.  
Monaghan, May 5, 1840.

GENTLEMEN,—As I am not a member of the Monaghan Medical Association, you will oblige me by stating in your next number of the MEDICAL PRESS, that I am not the Surgeon Young who proposed a resolution at that association, as mentioned in your publication of the 27th ult. I have the honour to be, Gentlemen, your obedient servant,

A. K. YOUNG, M.D.,  
Surgeon of the County Monaghan Infirmary.

## TO CORRESPONDENTS.

*Pressing and important matter obliges us to postpone Dr. Whelan's letter to our next number.*

*Dr. Darbey's case shall also appear in our next.*

*Dr. Enright's report, and Dr. Cranfield's case, will appear, if not in the next, in the following number.*

*Gentlemen in arrear are requested to forward their subscriptions. A bank note or a half sovereign can be forwarded in a prepaid letter, for one penny.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 10, 1840.

### PROCEEDINGS OF THE POOR-LAW COMMISSIONERS RELATIVE TO THE MEDICAL CHARITIES OF IRELAND.

NOTWITHSTANDING what occurred at the meeting of the Medical Association, the inspection of the medical charities, under the poor-law act, has not only been commenced, but has been in progress since the beginning of February. So quietly, we may say, so stealthily, has the inquiry been conducted that, although carried on within a few miles from Dublin, neither we, who have been anxiously watching for it, or the Council of the Association, which was actually waiting to receive an intimation of its commencement, were aware of what was going forward. We admit that we heard of vague rumours—obscure intimations of something contemplated—suppressed hints of long-threatened proceedings; but, we confess, we were so convinced, from distinct understandings to that effect, that the profession was to receive due intimation of anything of the kind, and that the inquiry was to be conducted in the most open and public manner, that we turned a deaf ear to these reports. How, we ask, has it happened that this matter of so much interest to the profession in this country, and, respecting which, the greatest anxiety prevails, has remained secret for four months? How has it happened that the principal actor in it, or those members of the profession in Dublin, with whom he is more immediately in communication, never allowed it to transpire?

We shall be told that it is absurd to suppose that any one could hope to proceed secretly in such a matter, where the parties visited or inspected were necessarily cognisant of what was going forward. But those who are aware of the deplorable apathy which exists in certain quarters, and the utter unconsciousness of what is passing around, cannot be surprised that a thorough disregard, not only of personal, but of general interests, may be relied on. It also does, unfortunately, so happen that the majority of the members of the profession in the district where this commencement of the inquiry has been made, are at least apparently admirers of the present position of affairs, and the prospects of the profession; and although not more than twenty miles from Dublin, one only of them attended the meeting of the Association. Was this owing to any of that "per-



sonal influence and persuasion," of which the commissioners speak so feelingly? we shall see. Be all this, however, as it may, we do hope and believe that what has now taken place will prove a lesson to Mr. Nicholls, and set him on his guard against any influence which may be exerted to involve his proceedings, with respect to our profession, in mystery, or to permit any person whatsoever under his control to act in any other than the most open, impartial, undisguised, and strait-forward manner. We are convinced that he is prepared to discharge his duty with every respect and regard for the welfare of our profession, but his slight acquaintance with the springs of society in this country will expose him to interference which may lead him into irreparable errors.

With respect to the report of the poor-law commissioners, which we give in this day's publication, let us see how matters stand. The 46th and 47th clauses of the bill, which appears to clothe them with the power they have assumed, are as follows:—

"And be it enacted, that the said commissioners shall, so soon as conveniently may be after the formation of any union, make or cause to be made, *strict inquiry* into the state of the fever hospitals, dispensaries, or institutions for the relief of the sick or convalescent poor, whether as intern or extern patients, existing within the limits of such union, and into the nature and extent of the relief so afforded; and the commissioners shall *report* thereupon to one of her Majesty's principal secretaries of state, and in such report they shall set forth *the number of hospitals or dispensaries which in their opinion ought to be provided for the relief of the sick and convalescent poor; in addition to such workhouse or workhouses* as aforesaid, and also an estimate of the sum or sums which will be annually required for defraying the expenses of such additional hospitals or dispensaries.

"And be it enacted, that the commissioners shall and are hereby authorized from time to time to *inspect and examine* into the administration of any hospital or infirmary supported in part by grand jury presentments or parliamentary grants, and *with the concurrence of the governors of such hospital or infirmary to give such directions for the better and more effective management thereof* as the said commissioners shall think fit, and to cause the same to be recorded in the books of such hospital or infirmary."

Now, we would ask whether the commissioners have exceeded or departed from the precise duty assigned them by the statute? If they have, we do not hesitate to say, that they have acted most unwisely. Nothing has contributed more to the present state of disorganization of the medical institutions, for either education or charitable purposes, than the practice so often pursued of exceeding the limits assigned by charters and acts of parliament; and if this practice is to be persevered in, with respect to an act of such importance and so lately passed as this, where is it to end? The parties concerned have nothing to guide them, but the letter of the law, and if that be departed from or perverted, all confidence is lost, and inevitable confusion ensues. The 46th clause merely directs the commissioners to make "*strict inquiry*" into the state of hospitals and dispensaries, and to "*report thereupon*," setting forth the "*number of hospitals or dispensaries which, in their opinion,*

ought to be provided" in addition to the workhouses. The 47th clause authorizes them to "*inspect and examine hospitals and infirmaries, supported in part by public money, and "with the concurrence of the governors," to give such directions for their management as they shall think fit.* Yet, with this precise injunction before them, they, with the utmost composure, assume the duty of regulating the medical charities, or, as they say themselves, to "*remedy existing defects by personal influence and persuasion, through the intervention of the union and local authorities.*" We admire the coolness and composure with which they propose to supersede the governors of hospitals and dispensaries, and to transfer the powers vested in them, by various statutes, to their persuasive assistants, and his "*union and local*" authorities. But then they are "*confirmed in this view by their assistant commissioner, Dr. Phelan, whose professional experience, and intimate acquaintance with the medical institutions of Ireland, and with medical statistics generally, entitle his opinions to great weight.*" We are glad to find, that they not only confer a medical degree on Mr. Phelan, but declare that he is intimately acquainted with "*medical statistics*," a gratifying fact of which we were not before aware. But perhaps the commissioners do not exactly understand what is meant by medical statistics. Be that as it may, it is a satisfaction to us to find that the art of ingeniously puffing is not confined to journals and newspapers, but may be advantageously resorted to in parliamentary reports.

Then comes a letter from the poor-law commissioners' office, addressed to Denis Phelan, M.D., a letter by the way which we shrewdly suspect was dictated by himself, alluding to his "*proceedings at Trim and Navan, with a view of providing suitable medical aid for the sick poor.*" We should be glad to learn by what authority he undertakes proceedings to provide medical aid for the poor. He had, we admit, authority to make inquiry into the state of the Infirmary, Fever Hospitals, and Dispensaries at Trim and Navan, and even, "*with the concurrence of the governors*," to give directions for their management, but as to providing medical aid for the sick poor, he had no more authority than the parish beadle. There are, however, misgivings as to the exercise of this authority, for the commissioners go on to say, that this "*appears to be the course contemplated by the act*;" for, "*although they are only directed to report the result of their proceedings,*" "*it must be presumed,*" that this is not to be done, "*until after due exertion has been used to stimulate the inhabitants of the district,*" "*failing in which, they are, then, to report.*" This, it must be admitted, is treating the expressed orders of the legislature rather cavalierly. They even "*presume*" that the powers conferred on them by these two clauses will, "*without further legislation,*" enable them to remedy deficiencies, "*not only in the number of the medical institutions, but also in their application and management.*" Should it be otherwise, they will *then* report. Finally, they desire their



assistant commissioner to continue to use his "personal and official influence," and to supply "such suggestions," as will enable them to "found thereon a set of instructions," with reference to these clauses of the act. Thus does Mr. Denis Phelan raise himself to the position of the inspector general of hospitals and dispensaries, and consequently, of sole dictator of the profession in Ireland.

Now let us be understood. Neither for ourselves nor for the members of the profession, do we for one moment object to this "strict inquiry" into the state of the medical charities, enjoined by the legislature. On the contrary, we are convinced that this or any other measure calculated to regulate, make permanent, and improve these charities, will prove of incalculable value, not only to the sick poor, but to those entrusted with their medical care. But we do object, and protest against the poor-law commissioners, assuming the government of these institutions without the most precise and definite instructions. The subject is one of vital importance to the community in this country, and of surpassing interest to the medical profession; we will not, therefore, fail to apply ourselves to it, and return to its discussion whenever it becomes necessary.

#### VACCINATION.

There are two bills now before Parliament relative to this important subject, one introduced by Lord Ellenborough, the other by Mr. Wakley. Want of space, which we did not anticipate, prevents us from laying them before our readers this day; but we scarcely regret it, as we shall be enabled to give more attention to them in our next.

Mr. Wakley's bill is calculated to effect its object in a simple and effectual manner. A parent wishing to have a child vaccinated, obtains an order from the poor-law authorities, which he presents with the child to any legally-qualified medical practitioner, who, having performed the operation, receives two or three shillings on production of the order. Persons inoculating with variolous matter to be punished.

Lord Ellenborough's bill contains twelve clauses, and directs that poor-law guardians in Ireland shall divide the union into districts, and *contract* with "*competent medical persons*, for the vaccination of all who may come for that purpose," notice being given of the time and place, when and where the vaccination is to be done. *Unqualified* persons, inoculating with variolous matter, to be punished; but any one *qualified* with a diploma, or corporation licence to be allowed to disseminate this worst of plagues. There is no comparison between the two plans. By Mr. Wakley's, any one, at any time, can take a child and have it vaccinated; by the other, they must wait till the public notice is given of the vaccinator's attendance. By Mr. Wakley's, the operator has a direct interest in increasing the number of the vaccinated; by the other, the contractor is almost as much interested in diminishing it to save him trouble. We

have no doubt that if our view of the matter be correct, Lord Ellenborough will adopt it, and that a good bill, satisfactory to all parties, and beneficial to society, will be the result.

#### MEDICAL ASSOCIATION OF IRELAND.

##### PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 4.—Council met

The deputation appointed to wait on Mr. Nicholls, the Poor-law Commissioner, reported that they had seen that gentleman, and ascertained that an inquiry into the state of the Irish medical charities has been in progress since the 6th of February, and that a statement relative to it is contained in the report of the commissioners just laid before parliament.

Letters were read from the Secretary, who, with Dr. Nugent, of Cork, is now in London attending to legislative enactments affecting the medical profession, now in progress, or preparing for introduction. Copies of Lord Ellenborough's Vaccination Bill, the Grand Jury Cess Bill, and Mr. Wakley's Vaccination Bill, transmitted by them, were taken into consideration.

Resolved—That—

Dr. Purcell, of Carrick-on-Suir,

Dr. Croly, of Mountmellick,

Dr. Kingsley, of Roscrea,

Dr. Jacob, of Maryborough,

Dr. Waters, of Parsonstown,

Dr. Finucane, of Nenagh,

Dr. Fry, of Ferbane,

Dr. Cranfield, of Enniscorthy,

Dr. O'Brien, of Ennis.

Dr. Colahan, of Galway,

Dr. Morrison, of Newry,

with such secretaries of local associations, as have not yet been named, shall be requested to act as local secretaries in their respective districts.

A letter from Mr. Enright, of Ennis, relative to the subject of the "Plea of Pregnancy in stay of Execution," having been read, it was resolved that steps should, without delay, be taken to bring the matter under the consideration of the judges of the legislature.

#### MEDICAL PROFESSION.

On Wednesday last, a large and most influential meeting of the Physicians and Surgeons practising as General Medical Practitioners in the provinces of Leinster and Ulster, was held in Carrickmacross, for the purpose of uniting themselves into an association, to forward petitions to parliament for medical reform, and entering into a subscription to defend the actions brought against several of them by the Company of the Dublin Apothecaries' Hall. We regret that press of matter prevents us from giving a report of the proceedings in our present publication, but they shall appear in our next, together with the resolutions which were unanimously adopted.—*Drogheda Argus*.

#### OBITUARY.

M. Poisson, President of the Royal Academy of Sciences of France.

M. Robiquet, member of the Royal Academy of Sciences of France, and of the Royal Academy of Medicine of Paris.

M. Planche, member of the Royal Academy of Medicine of Paris.

M. Biot has been elected President of the Royal Academy of Sciences of France, in the room of M. Poisson, deceased.



## POOR-LAW INTELLIGENCE.

## HOUSE OF LORDS, JUNE 1.

The Marquis of Breadalbane begged to ask the noble Marquis, the Secretary for the Home Department, whether there were not other papers relating to the appointment of poor-law commissioners in Ireland, and especially to that of Dr. Phelan, than those which were produced on the motion of his noble friend, the Marquis of Westmeath? As his noble friend intended to make a motion on the subject, it would be convenient if the noble Marquis would lay all the papers on the table of the house.

The Marquis of Normanby was understood to say that all the papers moved for by the noble marquis, relating to the appointment of Dr. Phelan had been produced, and that when the noble marquis should make his motion, he would give every explanation in his power upon the subject.

## MEDICAL INTELLIGENCE.

## HOUSE OF LORDS—JUNE 1.

The Earl of Radnor presented a petition from the medical practitioners of Hull, in favour of medical reform.

The Duke of Buccleuch presented a similar petition from a medical association in Norfolk.

## HOUSE OF COMMONS—JUNE 1.

Lord R. Grosvenor presented a petition from medical men in Chester, in favour of medical reform.

## HOUSE OF LORDS—JUNE 2.

Lord Brougham presented a petition from the Kinross Medical Association praying for medical reform.

## HOUSE OF LORDS—JUNE 5.

Lord Segrave presented a petition from the medical practitioners of Stroud, in favour of medical reform.

The Marquis of Breadalbane presented petitions from two parishes in Berkshire, in favour of medical reform.

## HOUSE OF COMMONS—JUNE 5.

The House went into a Committee of Supply, and the following votes were agreed to without opposition:—

£10,422, to defray the expense of the Foundling Hospital, Dublin.

£18,420, for supporting the House of Industry, Dublin, the lunatic department, and the four general hospitals attached.

£1000, for the Female Orphan House, Dublin.

£2,500, for the Westmoreland Lock Hospital, Dublin.

£1000, for the Lying-in Hospital, Dublin.

£1,500, for Dr. Steeven's Hospital, Dublin.

£3,800, for the Cork-street Fever Hospital, Dublin.

£500, for the Hospital for Incurables, Dublin.

## MR. WARBURTON'S BILL.

Drs. Nugent and Maunsell had an interview with Mr. Warburton on Friday last, and called his attention to the plan of medical reform agreed to at the general meeting on the 27th ult. Mr. W. stated that the plan there laid down coincided, in all essential particulars, with that which he proposed to embody in the bill which it is his intention to introduce upon the 16th inst. The main features of his measure, Mr. W. stated to be the establishment, in each of the three divisions of the empire, of one body empowered to license medical practitioners, leaving the present corporate bodies untouched, as to their private rights, but making the license of the new faculty the only medical qualification recognisable by law. As to restrictions, Mr. W. stated that he would go the length of preventing, by penalty, any person from

assuming the title and character of a medical man who was not authorized to do so, and also that he would provide that no unqualified person should be admissible as a medical witness in courts of justice, or permitted to hold any public medical office. With respect to the practice of pharmacy, Mr. Warburton proposes to institute an examination for the chemist and druggist, or apothecary, but to make it voluntary at first, as those of the Colleges of Surgeons now are. It is not Mr. Warburton's intention, at present, to refer his bill to a select committee.

HOUSE OF COMMONS.—Up to May 22, 61 petitions with 1107 signatures, have been presented in favour of Medical Reform.

## REGISTER OF THE WEATHER.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	May 31,	74	53	30.266	
Monday	June 1st,	80	60	30.068	
Tuesday	2nd,	66	47	30.000	.135
Wednesday	3rd,	67	46	30.300	
Thursday	4th,	68	50	30.234	
Friday	5th,	74.5	54	30.050	.025
Saturday	6th,	62.5	50.5	29.860	.050

## MAUNSELL AND EVANSON ON THE DISEASES OF CHILDREN.

FANNIN and CO. feel great pleasure in announcing that the Third Edition of Professors MAUNSELL and EVANSON'S Work on the DISEASES OF CHILDREN, is nearly ready, and will be published on or about the First of July next, considerably improved, having been carefully revised, and greatly enlarged with additional matter.

41, GRAFTON-STREET, DUBLIN.

## GELATINE CAPSULES OF PURE BALSAM OF COPAIBA.

PREPARED BY CHARLES WILDENOW,

*Pharmaceutical Chemist, and Member of the Pharmaceutical Institute of Berlin.*

This preparation of the BALSAM of COPAIBA having now been before the Profession for some time, Charles Wildenow begs to return his thanks to those Gentlemen who have pleased to express their approval of this mode of administering this useful Medicine, which has hitherto been in a great measure kept out of use, in many cases where it would have been very beneficial, by reason of its nauseous taste and smell.

Charles Wildenow's object has been to enable the profession to administer the Balsam in a form in which its properties should not be in any way affected, which has always been the case in any previous attempts at disguising its unpleasant qualities; and the testimony of many eminent medical men, and an increasing demand for the Capsules, give him every reason to believe he has perfectly succeeded.

The greatest care is taken in the preparation of the medicine to ensure a freedom from leakage or smell, and the purity of the Balsam may be depended on, being imported direct from Para, by Charles Wildenow. About ten grains of unadulterated Balsam are contained in each Capsule; and the easy mode of administering them, with the certainty of their operation, will leave no doubt of the great value of this useful preparation.

To be had wholesale at the manufactory, 14, Old Jewry; and also of all the Wholesale Druggists in London; and retail of all respectable Chemists and Druggists throughout the kingdom. Wholesale Agents: Messrs. J. and R. Raimos, Edinburgh; Mr. L. Simpson, Medical Hall, Manchester; Evans, Son, and Co., 41, Lord Street, Liverpool; Mr. P. Harris, Bull Ring, Birmingham.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.  
Wednesday, June 10, 1840.



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DUBLIN, WEDNESDAY, JUNE 17, 1840.

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## RICHMOND SURGICAL HOSPITAL.

### CLINICAL LECTURES BY MR. CARMICHAEL.

#### LECTURE XIII.—VENEREAL DISEASES.

*Venereal disease in new born infants.—Symptoms, the eruption always scaly—mode of prevention considered—treatment.—Diseases arising from the use of mercury—1st. Mercurial phagedena; 2d. Excessive salivation. 3d. Progn; 4th. Mercurial erythema; 5th. Mercurial eczema.—Summary of the symptoms and stages of venereal diseases, for which the mercurial treatment is applicable.—Consideration how far mercury is of use in preventing secondary symptoms.*

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—The observations at the conclusion of my last lecture, relative to those symptoms and appearances which are common to all the forms of venereal diseases (the papular excepted,) naturally leads me to speak of that of new-born infants; for no matter what form of disease with which the parents had been afflicted, if the malady is transmitted to the offspring, it always, as far as my experience extends, exhibits upon the latter the uniform character of scaly, deep-red, or copper-coloured spots about the anus, genitals, inside of the thighs, and on the face. With respect to the latter situation, they are most apparent about the mouth, where, at the angles of the lips, they frequently degenerate into superficial ulcers. These appearances of the disease, so admirably delineated in the drawings before you, do not usually occur until a period, varying from one to five or six weeks after the birth of the child. If the disease is not checked, the mucous membrane of the mouth and nose becomes affected, as indicated in the former, by apthous ulcers which extend down the fauces, and, in the latter, by a thin sanious discharge, which flows from the nostrils. The hoarse voice of the infant, when it cries, betrays also the extension of the disease to the mucous membrane of the larynx. Deep excoriations or su-

perficial ulcerations occur upon those parts of the tender skin of the child where it naturally forms folds, as on the neck, and between the nates and thighs: emaciation follows, and death soon ensues if recourse is not had to appropriate doses of mercury, exhibited either immediately to the child, or mediately through the milk of its nurse. This remedy seems to act like a charm in amending or curing the venereal diseases in infants.

In this satisfactory result, from the exhibition of mercury, we recognise a conformity to that apparent law of venereal poisons to which I have had so often occasion to advert, viz., that no matter the form in which an eruption may commence, whenever it becomes scaly, it will yield in the most satisfactory manner to the influence of mercury. Now, whether the disease in the parents might have belonged to the papular, pustular, phagedenic, or scaly form, it will be out of our power, in the great majority of instances, to ascertain; but, for the reason just assigned, this is of no consequence in a practical point of view, as the eruption in the child exhibits the scalliness, as exemplified by those drawings which the papular, pustular, and phagedenic eruptions display in their last stages. The reason why the eruption may thus evince a different character in the offspring, from that originally displayed in the parent, is satisfactorily accounted for on another law of morbid poisons adverted to in my first lecture, viz., that the poison, in passing through the frame, gradually loses its specific properties, or, in other words, yields to the powers of the constitution: thus the virus of a secondary ulcer is so little infectious, that the majority of practitioners deny that it possesses any poisonous quality at all: and I have sufficiently shewn that the sign of a declining or exhausted disease, is the transition of a papular or a pustular eruption into a scaly one. Now, the poison which produces the symptoms of venereal in new-born infants, is subjected to the exhausting powers of



the parents' constitution before it displays itself in the offspring. Hence before it appears on the surface of the latter it has to be transmitted in its secondary state through two systems, and thus becomes so exhausted that the eruption, under the views so often adverted to, is always found to be scaly in new-born infants.

In the fourth volume of the Transactions of the Association of the College of Physicians, is a valuable communication from the late Dr. Beatty of this city, on the subject of the venereal disease in the fœtus in utero; from which we learn, that the author suspecting this malady to be the cause of those frequent abortions of dead and putrid children which occur so frequently about the seventh or eighth month of pregnancy, subjected, in several instances, both parents to a mercurial course, notwithstanding the absence of any sign on either of a venereal taint. But we are informed that the measure perfectly succeeded, and that those thus treated had afterwards healthy children at the usual period. Although it is very questionable that any venereal virus was the cause of those premature confinements by occasioning the death of the children, as the easy separation of the cuticle, from a putrid fœtus, affords no proof, (which was the only reason assigned for the suspicion,) yet the fact that mercury prevented their recurrence is, in a practical point of view, of great value. I have, however, in several instances, seen mercurial courses inflicted under similar circumstances without witnessing similar beneficial results; and I know that other practitioners have experienced the same ill fortune from the adoption of this measure. If, however, under the circumstances adverted to, there were any certain symptoms of a venereal taint present on either of the parents, I should highly approve of a mercurial course.

The inference, that the disease must have been venereal, which caused the abortion in the instances adduced by Dr. Beatty, because their recurrence was prevented by the use of mercury, is not very logical. We might as well attribute them to any of the various diseases, for which mercurialization of the system has been found advantageous; for no other reason is assigned for the opinion that a venereal poison occasioned these premature confinements, except the easy separation of the cuticle from a putrid child.

The treatment of an infant affected with venereal, consists either in subjecting its nurse to a mercurial course, by which means the remedy is introduced in the gentlest manner into the system of the child—or else to exhibit to him at once the mildest preparation of mercury, the hydrargyrus cum creta, in doses of two or three grains, thrice a day—which direct method of introducing the remedy answers every purpose; and, as far as my experience extends, is not productive of bowel irritation, or other mischievous consequences, although continued till all the venereal symptoms disappear.

I shall now make a few observations on the morbid or peculiar effects upon the system which often arise from the use of mercury. These it is necessary you should be well acquainted with; for a perseverance in this medicine, after their occurrence, might be followed by the most injurious or even fatal results. Mercury may, therefore, be esteemed a powerful instrument in judicious hands capable of effecting great

benefit; but, when wielded by the ignorant or injudicious, is equally capable of producing the most injurious inflictions. When mercury was more extensively employed than at present, the peculiar diseases which it is capable of inducing were of every day's occurrence. The first I shall notice is mercurial phagedæna, which, however common it was twenty-five ago, is now scarcely ever met with. In the Lock Hospital, at the period to which I allude, it was extremely frequent, and was easily recognised by the peculiar fiery red appearance of the sore or ulcer which it attacked. It spread with such rapidity that I have seen an ulcerated bubo in the groin, for instance, extend in all directions, downwards on the thigh, and upwards, as far as the umbilicus, in the course of ten or fourteen days. Sometimes it extended inwards, and thus an ulcerated bubo, affected by mercurial phagedæna, often endangered the safety of the femoral artery, which might be seen beating frightfully at the bottom of such an ulcer, and, notwithstanding the power which an artery possesses naturally of resisting the progress of ulceration, it has actually given way, and, without immediate assistance happened to be at hand, destroyed the life of the patient. Nothing is required to stop the ravages of such an ulcer; but to discontinue the further use of mercury, and allow the patient to breathe pure air devoid of all mercurial impregnation.

Excessive salivation and swelling of the tongue, are, in some persons, particularly in those who have been habituated to mercury, often produced by even the smallest doses of that mineral. The tongue will swell in those cases often to so great a degree as to threaten suffocation, and the patient may even become comatose from the same cause. Should this be the case, the danger is urgent, and must be met by active measures. It may be necessary, therefore, to take blood both from the arm and from the tongue itself by deep scarifications into its substance.

The offensive discharge of saliva from the mouth, mixed with that of the mercurial ulcers, usual under such circumstances, is best corrected by lotions of chlorate of soda of such a strength as the patient can bear. The bowels should, at the same time, be kept free by gentle aperients. In milder and ordinary cases, a solution of nitrate of silver, in the proportion of from three to six grains to an ounce of distilled water, applied frequently to the ulcers of the tongue and cheek, is the best application to dispose them to heal. But nothing can be more wretched or harassing than the situation of a patient affected with excessive ptyalism. His lips and cheeks are swollen—his tongue is protruded from his mouth—he is incapable of even complaining of his miseries, as he not, fortunately, perhaps, for his medical tormentor, even utter a word; and, in this miserable predicament, he may remain for weeks, more dead than alive, with his head hanging over some vessel to receive the saliva which flows in a continued stream from his swollen and ulcerated mouth, from which hæmorrhage often takes place to a considerable extent, and is usually attended with some relief. The sides of his enlarged tongue become ulcerated and indented from the pressure of his teeth. Formerly, in the Lock Hospital of this city, it was not unusual, after a severe salivation, to see patients unable to speak in consequence of permanent adhesions between the tongue and the cheek, which parts lying in contact with each other, during their swollen and ulcerated state, had granulated and fastened together.

A dysenteric affection of the bowels is not an unfrequent companion of this excessive ptyalism, particularly at its commencement. Swallowing is attended also with great pain and difficulty, so that this accumulation of miseries, thus artificially induced as a re-



medial measure, often brings the life of the patient into most imminent danger. Patience, aided by opium, to relieve irritation, if there are no comatose symptoms present—frequent ablutions of a diluted saturated solution of chlorate of soda (1 to 12 of water) to correct the factor of the discharge—the application of the solution of nitrate of silver (from 3 to 6 grs. to 3i. of distilled water) to the ulcers of the tongue and cheek, by means of a camel's hair pencil, or lint on the end of a probe are the local measures most to be depended upon. The patient may also wash his mouth frequently with weak brandy and water, or barley water acidulated with muriatic acid, and sweetened with honey. These measures, with a constant admission of pure air into the sick man's chamber, are all that can be done to relieve a wretchedness so oppressive, that, many a time, I have heard patients say they would sooner die than undergo such an ordeal again; and well might they say so, for it requires great powers of constitution and mind to endure even the remote consequences of this ordeal, from which delicate persons may never recover. Fortunately for mankind, few professional men now think of designedly inflicting it on their patients. Salivation, however, sometimes occurs accidentally from a peculiar susceptibility in some persons to receive the influence of mercury. No practitioner, I believe, now thinks he has not given a sufficient quantity of mercury until he forces his patient to spit from one to two quarts a day. But such were the general directions usually given even within the last five and twenty years; and often have I seen patients thus treated, after months of suffering, rise from their beds with shattered frames and broken down constitutions, and, perhaps, uncured of their venereal complaints, notwithstanding all the inflictions they had endured.

Anasarca swellings of the legs, followed by ascites and general dropsy, is by no means an unfrequent occurrence in those whose constitutions have been harassed by repeated courses of mercury. Whenever such an appearance occurs it should warn you not to give another grain of mercury, but to adopt such measures as are best calculated to recruit the broken down constitution of your patient; and I believe for this purpose country air and generous diet will be found more effectual than medicine. It is in general necessary, however, to stimulate the kidneys, should they appear to fail in the performance of their duty; and for this purpose, both as a diuretic, tonic, and anti-venereal, I know of no medicine so appropriate as nitrous acid taken in such doses as will agree with the stomach: to which may be advantageously added a drachm of nitrous æther on retiring to rest every night.

It may also be necessary to put you on your guard against the use of mercury for those who labour under any pulmonary affection, which causes difficult respiration, such as tubercles or asthma. In the mercurial atmosphere of the Lock Hospital formerly, persons of this description became dangerously ill in general soon after admission; and if retained there and subjected to a mercurial course, effusion into the lungs or chest soon followed, and few thus circumstanced escaped with life. This, however, was at a period when it was imagined that a person affected with venereal must die if not subjected to the influence of the specific, so that the patient was at that time, still more anxious to take than even the practitioner to give mercury. Besides the usual and characteristic local and constitutional effects of mercury, there are two singular affections which not unfrequently attend its use. The one is the *erethismus mercurialis* described by Mr. Pearson, and the other is a peculiar eruption, which has received different appellations from the authors who describe it. These

diseases are not dependent upon the quantity of mercury employed, or upon the preparation, or mode of administering that remedy, but seem rather to arise from a peculiarity of constitution in the patient; the cause of which, in our present state of knowledge, is not likely to be discovered.

These morbid affections, like every other occasioned by mercury, are now seldom to be seen. But as the two under consideration are more owing to some peculiarity of constitution in the patient than to the quantity of mercury employed, they are more likely to occur than the morbid affections already considered. The *erethismus* described by Mr. Pearson is marked by great debility and depression of spirits, a palid countenance, and a small fluttering pulse, the slightest movement almost occasions syncope, and is even attended with danger to life. I have seen patients die of it in the Lock Hospital merely from the exertion of walking across the ward, or even sitting up in their beds. In fact, mercury seems, in such cases, to act as a poison upon the system. Minor degrees of this affection are not unfrequently met with; but whenever you observe even a slight tendency to this state of debility, from the exhibition of mercury, you ought instantly to discontinue its use, and desire your patient to enjoy the open air either on foot or in a carriage—a free exposure to which is sufficient, in most instances, to avert the formidable symptoms detailed. If there is a great sense of weakness, however, the exhibition of camphor and ammonia as auxiliaries will be found of some service.

The other disease called, by Dr. Bateman, *eczema rubrum mercuriale*, was first made known by the publication of my late friend, Sir George Alley, who called the disease *hydrargyria*. I feel it, however, not only a satisfactory duty but a pleasure to state, that the first detection of this disease, arising from the use of mercury, is due to Mr. Henthorn, who held the situation of Senior Surgeon to the Lock Hospital of Dublin from its first establishment to his death. Sir George Alley, as well as Dr. McMullem who afterwards published on the subject, were pupils of the Dublin Lock Hospital, and acquired from Mr. Henthorn their knowledge of this disease.

At the time I became a surgeon of this extensive hospital in 1810, all patients on admission were subjected, without discrimination, to the one and only remedy—mercury: and it must be admitted, therefore, that no institution could possibly be better adapted, as a field of observation, to ascertain the beneficial, as well as the morbid effects of that mineral. The eruption, which Sir George Alley described under the name of *hydrargyria*, was, until the discovery of Mr. Henthorn, supposed to be venereal, and, therefore, whenever it occurred, instead of discontinuing the cause of the affection, it was repeated in still greater excess. The consequence may readily be anticipated—the patients became worse, and worse, and many, after great suffering, actually died, of a complaint, from which they would have recovered by simply discontinuing the remedy and by exposure to the refreshing and invigorating effects of pure air. The eruption, in question, is vesicular, of a red colour, something between the shades of scarlatina and rubeola, and, therefore, called *eczema rubrum* by Dr. Bateman. It usually commences on the inside of the thighs, or in the axilla, and from these parts extends rapidly (if mercury its cause is continued) over the entire surface, attended with considerable fever. The eyes become inflamed—the fauces are also affected, and there is pain and difficulty in swallowing. This eruption desquamates in some places, while in others, particularly between the thighs, on the scrotum, groins, and in the axillæ, or wherever the skin is in folds, it pours out a thin serous fluid of



a most disgusting odour. The incrustation of this discharge, as the disease declines, mingled with the exfoliations of the cuticle, forms flakes of a bran-like appearance, which are strewed over the patient's sheets; but the separation of the cuticle on the hands and feet is so remarkable, that, from the former, I have seen it come away so entire as to resemble a glove.

This disease, which runs to the most formidable extent, even to destroy the life of the patient, if mercury should be persisted in, will rapidly disappear by mere attentions to cleanliness, pure air, and the antiphlogistic regimen. It is not owing to the preparation or to the quantity employed, but like the erethismus described by Mr. Pearson appears to arise from some idiosyncrasy or peculiarity of constitution in the patient. I have often known a few grains of calomel or blue pill to produce this eruption, and even knew one instance in which indications of it would occur from the use of black wash on a primary ulcer.

It is exceedingly difficult to point out, with any precision, the signs that mercury is not acting as a remedy, but as a poison, upon the system. When primary ulcers, instead of mending, become painful, and are spreading under its use, we may infer that this is the case. When signs of that state, which Mr. Pearson describes as mercurial erethismus, indicated by a quick small pulse, palpitations, and great debility are present, we may infer that mercury is acting as a poison on the constitution, and cannot with safety be continued. Mr. Key, in his excellent report of primary cases in Guy's Hospital, to which I have already alluded in my first lecture on venereal diseases, justly observes, respecting the propriety of persevering in the use of mercury that "he knows of no rules that can be laid down for the guidance of the practitioner, except such as are so general, that they can hardly serve as rules: they are rather principles than rules; and where the straight line of action afforded by a rule fails—as in this, and, indeed, every other disease, it occasionally does—principle comes to our aid, as a never-failing guide. In the employment of mercury, its power of exciting the irritability of all the organs of the body is to be borne in view, and jealously watched. Its action on the heart and nervous systems, and, through them, on the functions of all the organs of the body both nutrient and reparative (for no organ is withheld from its influence,) is to be carefully noted; lest, while it quickens all the organic actions, their energy and strength are not exhausted in proportion to the increase of their irritability. *Every individual is affected by this remedy in a manner peculiar to himself; nor is it easy to foresee how it will act on any individual constitution.*"

I shall now conclude this lecture by a brief summary of the symptoms and stages of all forms of venereal which I conceive require the employment of mercury:—

1st. If cases of the simple primary ulcer of the papular venereal disease do not yield to rest, the antiphlogistic treatment, and astringent washes, after the third or fourth week I usually give mercury in alterative doses, in the same manner and with the same views as I would exhibit it for any indolent ulcer which is not venereal; but this is seldom or never necessary.

2d. When the papular and pustular eruptions become scaly, and obviously on the decline, in general not sooner than the fourth or fifth week, if not yielding satisfactorily to sarsaparilla, antimonials, or hydriodate of potash, I exhibit mercury in alterative doses, combined with sarsaparilla.

3d. Whenever hritis occurs, I give mercury so as to excite its full effects upon the system.

4th. When nodes arise, which usually commence with inflammation of the periosteum, if iodine fails, I also give mercury so as to produce its full effects; and, in the two last instances, it is exhibited on the principle, that there is no process so powerful in checking periostitis or inflammation of any membranous part, as mercurialization of the system.

5th. In the phagedenic form of venereal disease, I may safely say, that I have almost always found, sooner or later, the exhibition of mercury prove to be injurious. For primary ulcers, invariably so, and the same may be observed while the eruption continues to present the form of rupia, or tubercles. But after the disease has existed for months or years, when each succeeding crop of eruption has a tendency to change its character into that of scaly tubercles, alterative doses of mercury may, *perhaps*, be of use; yet, of this I am very doubtful, for I have seen, even in this exhausted state of the disease, more relapses than perfect cures by mercury, exhibited either in full or alterative doses, under the most guarded and judicious mode of administering that medicine. In such cases I place much more reliance upon the administration of hydriodate of potash, in conjunction with sarsaparilla. When the presence of nodes indicates the utility of mercury, I restrain myself from its exhibition should rupia also be present, from experience of its injurious effects on the general disease, under this form of eruption: and even when extensive ulceration of the fauces, engaging the velum, tonsils, and entire pharynx, seems to threaten the life of the patient, I would try every method likely to succeed, before I should have recourse even to mercurial fumigations, for fear of mercurializing the *entire system*, although well aware of the benefit often arising from their use as a *local remedy*. I have found mercury, in every stage of the phagedenic venereal disease, to be a most deceitful and destructive drug; for, although symptoms may amend for a brief period under its use, and flatter both patient and practitioner that a speedy cure is at hand, yet, almost to a certainty, new symptoms will arise to disappoint those sanguine expectations. If mercury is at all admissible for this form of venereal disease, it is, as I before observed, when the malady is obviously on the decline, and that the eruption has assumed the appearance of scaly tubercles or blotches. This observation equally applies to the pustular form of venereal disease.

6th. For the true Hunterian chancre, with hardened edge and base, and for the scaly eruption, either lepra or psoriasis which attends it, as well as the deep excavated ulcer of the tonsils, nodes, and other symptoms belonging to this form of disease, mercury, in full doses, may be esteemed a certain and expeditious remedy; and the reason of the necessity of exhibiting mercury seems to be, that both in its primary and secondary symptoms there is but little or no accompanying inflammation or fever as in the other forms of those maladies. Hence, perhaps, the utility of raising artificially a fever in the system, to overcome the morbid effects of the poison. I have no doubt, however, but that even this form of venereal may yield to other remedies, or even to the unassisted powers of the constitution. But from the few instances I have seen treated on the antiphlogistic plan without mercury, so long a period elapsed before recovery took place that it is not likely this remedy will ever be generally omitted in its treatment.

From this statement of my views, you perceive that it is only in cases of the true Hunterian chancre, with hardened edge and base, that I prescribe mercury with the intention of preventing the accession of secondary symptoms; but in consequence of the infrequency of this primary ulcer, it is therefore seldom required in my practice. I cannot, therefore, from



my own experience, advance any facts calculated to answer the question—whether mercury has or has not the power of preventing the accession of constitutional symptoms in *all the forms* of venereal, except in one, *the scaly*; and respecting this form, I can state positively that it does possess this preventive power; for I have seen secondary symptoms so frequently follow the Hunterian chancre, in which the induration was not removed by mercury, that I have no doubt of the truth of my affirmation. But that mercury does not possess the same power of prevention in the other forms of venereal, I infer from general reasoning; for as it is incapable of curing these forms, we must naturally conclude that it cannot prevent the accession of their constitutional symptoms. It would, however, be expecting too much, to hope that practitioners in general will relinquish their early prepossessions in favour of the preventive powers of mercury, and follow my example, by only exhibiting it in cases of indurated chancre; and although I might cite, in support of my views, numerous incontrovertible testimonies from military practice, (by which, for obvious reasons, this question must be finally decided,) I shall content myself at present by placing against each other the opinions of two practitioners who have applied themselves to the subject. In favour of the preventive power, M. Bacot says, “that secondary symptoms occur in the proportion of at least one in ten in those cases where no mercury is used, whilst, on the contrary, the proportion of such cases is only one to seventy-five, where that remedy has been employed.” Now, against this opinion, so peremptorily given on a question still *sub-judice*, I shall cite the experience of Doctor Fricke, surgeon of the Great General Hospital at Hamburg, as reported by Doctor Graves, in his lecture, inserted in the *Medical Gazette*, for January 1839. “With regard to the certainty of cure, so far as the mercurial treatment is concerned, we must say with many of our unprejudiced colleagues, that we are convinced by bitter experience, that syphilis very often returned in the secondary form, *after the most cautious use of mercury, the most careful selection of the preparation, the strictest attention to diet, and a proper observation of precautionary measures.* Of 573 patients, 165 (i. e., nearly one-third) were attacked with secondary symptoms: all these were treated with mercury for the primary symptoms,” &c. To those who still place implicit faith in the preventive power of mercury, I beg particularly to call their attention to the words of this quotation marked in italics; for here no loop-hole is allowed for escape by the insinuation that the specific was not duly and properly administered. But after all, the question may not be of much moment, for ere long practitioners must see the folly of subjecting all venereal complaints to the same sweeping rules, of either administering or withholding mercury in every form and stage of these diseases.

We should also recollect, as bearing on the question of the propriety of exhibiting mercury with the view of preventing the accession of secondary symptoms, that in the report of the army medical board, in 1819, although a much larger proportion of those non-mercurially treated had secondary symptoms, than those treated with mercury, yet the report states that in the majority of these instances there were good ground for believing that *the constitutional symptoms “were more severe and more intractable than when mercury had not been used for the primary sore; and that, on the contrary, every man treated without mercury, had been fit for immediate military duty on dismissal from the hospital”*—that the averaged period for the cure of primary symptoms, *without mercury*, was 21 days; and, *with it*, 33 days. So that, even on this early report, the advantages resulting from a

smaller proportion of secondary symptoms under the influence of mercury, is more than counter-balanced by the shorter period required for the treatment of primary symptoms, the unimpaired health of the patients, and the mildness of the secondary symptoms, when they did occur, advantages which result from the non-mercurial treatment.

Various reports have been from time to time published both from civil and military surgeons, which would induce us to believe that mercury has not the power attributed to it, (except in the true Hunterian chancre,) of preventing the accession of secondary symptoms: thus, Doctor Green, in his excellent paper on the treatment of syphilis without mercury, inserted in the 2d vol. of the *Transaction of the Provincial Medical and Surgical Association*, states that out of 100 cases treated without mercury, constitutional affections followed in nine instances only, and that these were remarkably mild. He, therefore, “*thinks its use in primary symptoms should be given up altogether, at least until there appear some indications for its employment.*”

Reports from regimental surgeons have also occasionally appeared in the medical periodicals, since the military report of 1819, just mentioned, respecting the comparative occurrence of secondary symptoms on the two plans of treatment; from which it appears that not even a smaller proportion of secondary symptoms can be attributed to the mercurial treatment: while all reports agree, that when they do occur in cases non-mercurially treated, they are much milder and more manageable than when mercury has been exhibited. This question will, however, I trust, soon be put to rest, by the publication of the numerous reports with which, I understand, the shelves of the army medical office are loaded, and which the distinguished head of that department, Sir James McGregor, will not fail to make known to the profession.

If army surgeons, in their reports on venereal affections, were to particularize those chancres which are attended with a hardened edge and base, and report, (no matter how treated,) whether or not they were succeeded by constitutional symptoms, and what the character of the eruption (if any) was, which followed them, great light would be thrown on the subject, and facts ascertained beyond a doubt, of great practical importance. But in deciding upon the character of the primary ulcer, let both the surgeon and his assistant agree that it possesses that hardness which Hunter so appropriately compares “to a piece of cartilage under the skin;” and if it does not possess this degree of induration, let it not be reported as true chancre: for, by not attending to this definition of Hunter, scarcely two surgeons are agreed with respect to the characters of this primary ulcer; and I am certain that the late Mr. Hennen was in error when he asserted that by irritating any sore, venereal or not, he could occasion this character of hardness; for, though by irritation we may cause a fulness, and even some degree of induration, yet I assert that nothing but the influence of the morbid poison from which chancre originates can occasion that characteristic hardness described by the discriminating and accurate Hunter.

In my next lecture I shall consider such diseases as are most likely to be confounded with those of a venereal origin. I shall then, in my own defence, briefly advert to the attempts which have been made from time to time to deprive me of any merit I may have had in developing the nature and appropriate treatment of venereal diseases, and particularly my share in introducing the non-mercurial mode of treatment; and shall conclude the course, which has extended far beyond my original intentions, by an examination of such venereal cases as are at present in hospital.



## MEETINGS OF SOCIETIES.

## SURGICAL SOCIETY OF IRELAND.

APRIL 25, 1840.

The President of the College in the Chair.

[We were compelled, last week, to omit the following part of last night's meeting from want of space.]

Mr. SMITH said he took the present opportunity of exhibiting some specimens of fracture at the base of the skull taken from the body of a man who had fallen down a flight of stairs while in a state of intoxication. He was brought to the Richmond Hospital labouring under some of the symptoms of compression. On the third day after the accident, a discharge of clear serous fluid took place from the left ear, and continued to the time of his death, which occurred on the 19th day. On examination there was a fracture discovered at the base of the skull, extending from the squamous portion of the left temporal bone, through the petrous portion, the body of the sphenoid bone, and the petrous and squamous portions of the temporal bone of the opposite side. On the left side, the fracture traversed the cavity of the tympanum, and another fracture passed through the cochlea and semicircular canals. There was also on this side laceration of the substance of the brain, and the patient had hemiplegia of the right side. With respect to the serous discharge from the ear, Mr. Smith was of opinion that the fluid was derived from the cochlea and semicircular canals. It could not, in this instance, have come from the cavity of the arachnoid, for the dura mater was perfect.

Mr. MORGAN said he wished to exhibit an apparatus which afforded a very simple but effectual protection in certain diseases of the chest. He had been himself, for many years, subject to asthma from chronic bronchitis, and had employed all the usual precautions without effect. Some years back, on the approach of a paroxysm, he was induced to try this simple contrivance which consisted of a shield of patent leather, lined on the inside with silk or flannel, according to the feelings of the wearer, and found that the duration of the attack was abridged by its use in a very remarkable manner. Under ordinary treatment, the attack always lasted thirteen or fourteen days; but, on the sixth day, (after putting on the leather shield on the fifth,) he found his symptoms greatly relieved, and, on the seventh, they had completely disappeared. Since that period he had continued to wear it with the best results, and was never troubled with any affection of the chest. He had recommended their use to many persons with decided benefit; and some distinguished physicians of this city were at present submitting them to trial. It might be said that the anterior part of the chest, the part over which the shield is worn, is not more susceptible to cold than the back; but if the natural protection, and the arrangement of the clothing in both situations were considered, the contrary would be found to be the fact. Mr. Morgan had been in the habit of wearing the patent leather shield for upwards of twelve months, and could bear full testimony to its value and efficacy. It was a simple but effectual protection for persons liable to attacks of bronchitis. It was curious that the transpiration from the skin affected it but very little; he had been wearing one for the last thirteen months, and it was scarcely tinged with perspiration. It was worn only in the day time, being always taken off at night.

Dr. BENSON inquired if Mr. Morgan could assign any reason for giving a preference to patent leather, or if it had any advantage over flannel, hareskin, or a common warming plaster?

Mr. MORGAN said none, except what he had derived from a long experience of its value.

Dr. BENSON—After various trials you can say with the currier—"Try what you please, there is nothing like leather."

Mr. SMITH—You had a hint on the subject, I suspect, from high authority—from one well known to fame—from the far famed Brian O'Linn—who used a similar protector, and recommended it with all the charms of poetry—

The fleshy side out, and the woolly side in,  
'Tis pleasant and cool said Brian O'Linn.

Dr. POWER—If I recollect right, that gentleman recommended it for a very different part, and, therefore, Mr. Morgan's claim to originality remains unhurt.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

## CASE OF PUERPERAL CONVULSIONS.

By P. DARBEEY, M.D., M.R.C.S.L., of Drogheda.

On the morning of Wednesday, the 29th of April last, about the hour of five o'clock, I was called in great haste to visit Mrs. M—, aged about 24 years, wife of Captain M—, who resided a short distance from my house, and who, I was informed, 'was at the point of death.' I instantly proceeded on my way, and on entering the patient's room, found her in strong convulsions, unable to articulate. I was informed by the attendant, that about half an hour previously, a 'shivering fit,' (to use her own expression,) took place, which 'shook the entire bed,' succeeded by incoherent language, and the ushering in of convulsions—that the patient had a return of them every five minutes—during the intervals, lay quite comatose, and on the second paroxysm, became 'speechless.' The muscles on the left side of the face and neck appeared to be violently affected when labouring under the attack, and the writhings and contortions of the body so great, as to require two very strong persons to keep the patient in bed. The countenance was much flushed, with suffusion of the eyes. I understood that the accouchment was not expected to take place for ten days to come. On examination I found the os uteri not in the least dilated; and perceiving a high degree of susceptibility evinced on examining the uterus, I considered it prudent not to irritate the womb, lest consequences more troublesome probably might follow, should I venture on delivering by art. I instantly took from the arm about forty ounces of blood, and had recourse to cold water, speedily and suddenly dashed on at intervals on the side of the face and neck; and I must in candour admit, with a perceptible diminution of suffering, as was quite apparent to the bystanders, in giving a temporary check to the violence of the convulsions. The patient, at the conclusion of each paroxysm, would emit a quantity of frothy mucous from the mouth, mixed with blood. The hissing noise described by authors on midwifery, and the attempts made by the patient to retract the saliva into the mouth, were fully exemplified in this case. Having continued my plans for some time, without much advantage being derived, and finding the convulsions returning with great violence, the uterus not dilating or labour approaching, I suggested the necessity of a consultation before I would again have recourse to



the lancet. After some time my neighbour, Mr. Pentland, surgeon to the Drogheda Hospital, came to my assistance. Having informed him of the history of the case, and the methods adopted, that gentleman agreed in the propriety of again taking away blood from the arm, when thirty ounces more were taken, and again had recourse to cold water as before, with temporary relief. We then suggested the introduction of opium, when forty drops of the acetated tincture were given. The patient appeared to suffer much pain while in the act of swallowing, which we attributed probably to spasms, produced on our attempting to open the mouth, by placing the blade of a knife between the teeth, which were firmly kept closed after each attack of the convulsions. One or two paroxysms succeeded the draught, but their violence and duration were much diminished. The patient then fell into a profound sleep, and continued so for five hours, when she awoke complaining of much headache and thirst. Having directed the usual means on such occasions, we directed, in the ensuing evening, a cathartic enema, which brought off three or four feculent discharges. There was no return of the convulsions after—spent a good night—headache relieved—and at eight o'clock on the following morning I was speedily requested to attend. Labour had set in, with regular pains—uterus dilating, and in four hours after was delivered of a still-born child—nothing adventitious occurred from the commencement to the termination of labour.

On examining the patient's mouth on the day following, which she complained of much, I found three or four clefts in the left side of the tongue, which bid me to believe that the blood which had been mixed with the frothy mucous alluded to, came from the wounds in the tongue, caused by its having been protruded between the teeth whilst labouring under the several convulsions.

#### NOTICE ON WRY NECK.

TO THE EDITORS OF THE MEDICAL PRESS.

Harcourt-street, Dublin, June 9, 1840.

GENTLEMEN,—Mr. Phillips, in his lecture on wry neck, as reported in the *Medical Gazette* for May last, observes that he is not aware of any operation being performed for this deformity, “between the year 1757, when it was accomplished by M. Gooch, and 1822, when it was revived by Dupuytren at the Hotel Dieu.” Now I beg leave to acquaint your readers that Dupuytren was anticipated in Ireland, and that I performed the operation in several instances between the periods fixed by Mr. Phillips. Two of these cases were published in my *Surgical Observations*, where I have noticed another which occurred in the practice of Mr. Cusack, and which was communicated by him to me long before 1822. If I am not mistaken, Mr. Liston, in his brief sketch of the history of the operation, had made a similar omission which it is my wish to supply through the medium of our National Periodical.

I remain, Gentlemen,

Your obedient servant,

J. KIRBY.

#### CASE OF ENORMOUS FIBROUS TUMOR.

By R. CRANFIELD, M.B., Enniscorthy.

Four years ago, Hugh Brien, a very healthy looking farmer, then aged 68, consulted me respecting a tumour about the size of an infant's head, occupying the right side of the scrotum. It was of a very firm consistence, resisting the firm impression of the finger,

but yet not of a bony hardness; it was not at all sensitive, and was distinctly traceable into the abdomen at the external abdominal ring.

The history he gave was, that about ten years before that period, he had a soft swelling in the situation of the right abdominal ring, which a medical practitioner considered to be a rupture, and removed by the application of a truss. After wearing the truss for about a year, he laid it aside, not perceiving any swelling, and subsequently to this, the present tumor appeared.

The only thing I did for him was to exhibit hydriodate of potass internally, which did not appear to have any effect in staying its progress; and to relieve him occasionally, by giving exit to serum which collected in the tunica vaginalis of that side, apparently from pressure upon the spermatic vessels. He was exceedingly anxious to have it removed by operation, and as I refused to do so, he obtained admission into Mercer's Hospital with that view, but returned without receiving the encouragement he anticipated.

The growth of the tumor was very rapid. On the 22d March, 1839, the greater circumference was 42 inches, and the transverse circumference 30.5 inches; on that day two months, the measurements were 43.5 and 32 inches, which gives an increase of much more than a cubic inch per day. Notwithstanding its great size after this time, he was able to walk about, and his health continued unimpaired until the last two or three months. The tumor was free from pain and smooth on the surface. The veins of the scrotum became as large as the superficial veins of the arm. The tumor increased until his death, which took place on the 23rd of May, 1840, and then extended to the knees. The greater circumference which was in that direction, measured 48 inches, and the transverse circumference 39 inches.

Having, with great difficulty however, obtained permission to examine it after death, I found it to consist chiefly of white firm fibrous substance. With this there were intermixed fatty substance, masses of soft cartilage, and rough, amorphous portions of bone. The masses of cartilage could be easily turned out with the finger from the rest; it was of that soft vascular structure, which is frequently found to grow from the periosteum, and was most probably preparatory to the formation of other portions of bone. The tumour grew from the periosteum of the internal surface of the horizontal ramus of the os pubis on the right side, and a little from the adjacent parts. There was about the bulk of a fist of it within the cavity of the abdomen. It did not press upon the rectum or bladder. His bowels continued free, and although during the last year, the skin of the penis was so expanded over the tumor, that the orifice was not very perceptible, yet he was able to pass urine tolerably well until the last three weeks. The difficulty then arose from compression of the penis, and from the prepuce being greatly elongated and tightly stretched over the tumor. Death ensued from this, and from sloughing over the scrotum occasioned by pressure and the contact of urine.

The size of the tumour could not fail to strike every person that witnessed it, as being very remarkable. It nearly equalled the trunk of his body, and was probably as heavy, or nearly so, in consequence of the lightness of the lungs. To weigh it, the bystanders estimated it at four stone, but we may be certain, that it weighed more than 52lb. avoirdupoise. For its shape, it was as nearly as possible that of a spheroid generated by the revolution of an ellipse upon its greater axis of 18 inches, the minor axis being 12.4 inches. Any deviation from this was rather to increase than diminish the bulk. Its area was therefore 1450 cubic inches, being a little more than



that of a five gallon cask, which it appeared to me to approach very much in bulk. This quantity of distilled water weighs 52lb. avoirdupoise; and as the tumor was specifically heavier than even muscle, it must have weighed more.

### CASE IN WHICH A SERPENT WAS SWALLOWED.

BY DR. MANDT.

A. Isajeff, a Russian peasant, aged 36, was sleeping under a tree at noon, 27th July, 1838. He suddenly awoke in alarm with a sensation of coldness along the œsophagus, as if iced water were being swallowed. Having heard that such was precisely the sensation experienced by those down whose mouth a serpent had crept, he immediately placed his hand on his stomach, where he perceived distinct movements, as of a living animal in the stomach. He also experienced a sense of icy coldness, and of enormous weight in the stomach. He was on the instant convinced of the nature of the occurrence, and so alarmed that he had to be carried home. A friend made him swallow a decoction of tobacco, 3i. in water, 3x., on which the sensation of cold somewhat diminished, and the movements in the stomach ceased. On the 28th, the motions returned, and were felt over a greater extent, while the sense of cold and of weight were more inconvenient than previously. The decoction of tobacco was again administered, which caused vomiting three times, and also cessation of the movements in the abdomen; they returned, however, at mid-day, when he was carried to Dr. Selle, who, along with another physician, discredited the man's story, thinking him delirious, and attributing the symptoms to some other cause than the alledged one.

Dr. Selle examined the epigastrium first with his hand cooled with ice, and then with it somewhat heated. He also subjected it to various degrees of pressure, and perceived the motion of some round substance elevating the parietes of the abdomen, and leaping as it were. With the stethoscope there was heard in the left hypochondrium, a bruit, intermediate between a gargouillement and a rale, resembling the sound caused by a substance rubbed at irregular intervals, on a tense surface.

Dr. Selle was now inclined to believe the man's account, but thought that the motions perceived in the stomach arose from the ingestion of a frog or some other batrachian reptile, rather than of a serpent. Infusion of senna, with sulphate of magnesia, were administered, which caused copious natural evacuations. The motions in the abdomen ceased, but the sensations of cold and weight persisted.

29th.—The motions in the abdomen returned, but gradually declined during the day—other symptoms unaltered.

Castor-oil, ʒiiri.

30th.—The motions returned at the usual hour, 5, A.M. Dr. Selle examined the abdomen without detecting any thing remarkable. Tartar emetic, and ipecacuanha were administered, and caused free vomiting; three hours after which the patient experienced the movements somewhat lower in the abdomen, with a sensation of coolness and weight in the same situation. Dr. Selle now distinctly perceived the movements in the situation indicated.

Oil of turpentine, ʒij.

In the evening epileptic convulsions.

31st.—The patient insisted that the serpent had descended still lower in the abdomen, and that it was dead, as it did not move, though the sense of coldness was undiminished. In the course of the day, however, the movements were felt below the umbilicus. D. Mandt first saw the patient this day. He distin-

guished, in the abdomen, a hard, elongated substance, but could detect nothing unusual with the stethoscope. He caused the patient to be carefully watched.

Castor oil.

1st August.—The movements were not felt, but the sensation of weight and coldness remained unaltered. A fourth physician, Dr. Haping, saw the patient to-day.

Calomel and jalap.

2d, 3d, 4th, and 5th.—The uneasy sensations have all nearly disappeared. Purgatives, with enemata of infusion of valerian have been administered. The sensation of weight seems to ascend along the right side, and pass across the epigastrium.

6th, 7th, 8th, 9th, and 10th.—No alteration till this morning, when the patient had three stools, in the second of which he passed the serpent's tail, and in the third, the remainder of the animal, of which an exact drawing was made, the only deficient parts were the left side of the jaw, and a small portion at the junction of the tail with the body. It was upwards of a foot in length, and belonged to the species *vipera berus*—a serpent whose bite causes inflammation, though it is not very poisonous.—*Rüst's Magazine für die gesammte Heilkunde*, Bd. 35, Thl. 2-3.

### SPREAD OF FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Ennis, 31st May, 1840.

GENTLEMEN,—May I request you will have the kindness to insert the following very brief report of the County of Clare Fever Hospital for the month of May, 1840. During this month we had an average of about seven admissions daily—on the 12th, 26th, and 29th, there were thirteen cases each day admitted:—

Patients in hospital, 1st May, 1840, - -	164
Admitted to 31st, - - - - -	211
	—375
Discharged cured, - - - - -	227
Died, - - - - -	21
Remaining in hospital, 31st May, - -	127
	—375

The convalescent cases are here included.

Patients in male female wards, 1st May, -	48
Admitted to 31st, - - - - -	82
	—129
Discharged cured, - - - - -	82
Died, - - - - -	8
Remaining in hospital, 31st May, - -	39
	—129

Patients in female wards, 1st May, - -	85
Admitted to the 31st, - - - - -	129
	—214
Discharged cured, - - - - -	152
Died, - - - - -	13
Remaining in hospital, 31st, - - - -	49
	—214

During this month I had charge of the male wards. For the purpose of conciseness in description, the cases in these may be divided into three classes:—1st. Those in which there was inflammation within the head. 2d. Cases where inflammation existed in the chest. 3d. Those where no organ was seriously implicated, but where gastritis or ileitis, in a mild form, prevailed. Of the first class, or head cases, there were 25—of these only one proved fatal, and this was in a hopeless state when admitted into hospital. These cases yielded to arteriotomy at the temple, leeches, cupping the nucha, used according to the varying circumstances of each particular case; cold





lotions to the shaved scalp, and an elevated position of the head, not omitting other auxiliaries to a well-regulated antiphlogistic plan of treatment. Of the second class, or chest cases, there were 22 in number, and these were decidedly the most dangerous; especially those accompanied by bronchitis, of which cases five were fatal. The others yielded to cupping, leeches, the tartar emetic solution, or calomel and hippo pushed to slight salivation; one or other of these remedies being employed according to the site of the inflammation, and the various indications each case presented; and followed up by counter-irritation, and the exhibition of decoct. polygalæ, with aromatic spirit of ammonia, when the febrile action was subdued. Of the third class there were 35 cases, and all these recovered. Leeches to the epigastric, or right iliac regions, diluents, and simple enemata were the remedies chiefly relied upon, and purgatives in these cases were carefully avoided, or when given, the mildest forms were employed. Most of the cases, with very few exceptions indeed, were attended with a florid eruption, resembling measles. We have a practice in this hospital of substituting cupping for leeches. This we find, in very many cases, to answer equally well, and to be a great economy as regards the funds of the hospital. In head cases we cup the nucha—in chest complications we apply the scarificator over the seat of inflammation—and in abdominal cases over the epigastric or iliac regions. This practice will of course be inapplicable to young children, or very aged subjects, or to those who are very thin, or much debilitated; but in robust persons, and in the early stage of fever, it will be found to answer all the purposes of leeching. In this hospital there is an average expense of 2s. 6d. for each dozen of leeches. If five or six dozen of these be saved in a day by cupping, as is frequently the case, a considerable saving of expense at the end of the year will be thus accomplished. The fact is mentioned here, in order that, in similar institutions, the same plan may be pursued. We have given it so fair a trial in this one, that I can safely recommend it for adoption. In the chest cases, which were by far the most dangerous, I found it to answer extremely well; and in order to make the remedy the more effectual, I need scarcely allude to the inestimable value of the stethoscope, in pointing out the particular locality of the thorax for its most appropriate application. In these cases, I had the good fortune of an opportunity of availing myself of the very able stethoscopic discrimination and assistance of my talented colleague, Dr. George O'Brien. Before concluding these brief observations, I may mention a point of practice we find productive of the most gratifying results in head cases attended by long-continued vigilance: in such cases we give a starch enema, with 30 drops of tincture of opium, taking care, before this remedy is employed, that the head is cool, and the vascular action subdued by previous depletion.

I am, Gentlemen,

Your obedient humble servant,

SIMON ENRIGHT, L.R.C.S.I.

## NEW MEDICINE.

### ON THE PROTOLACTATE OF IRON; A CHALYBEATE RECENTLY INTRODUCED INTO MEDICINE, IN PARIS.

BY M. DONOVAN, ESQ.

THE efficacy of preparations of iron in chlorosis and amenorrhœa has been long known. In the former disease, indeed, they are almost the only medicines relied on by many physicians; and, in the latter, they are at least the chief adjuvants to other articles of the

class of emmenagogues, if there be any which really deserve that name. The particular preparation which ought to be preferred has been a subject of difference of opinion; some extolling one, and some another.

M. Louradour has occupied himself with this question; and he has come to the conclusion that the protolactate of iron is the one which combines the greatest number of advantages. Already, this salt has been modified into several forms of exhibition. M. Arrault, Pharmacien of Paris, announces "chocolat au lactate de fer" for chlorosis, amenorrhœa, leucorrhœa, and palpitations. M. Louradour has given it under the form of "pastilles de lactate de fer."

M. Louradour gives the following account of lactate of iron:—The utility of this salt, (which to the ready absorbability of the soluble salts superadds the inactivity of the insoluble salts, even in strong doses,) induced me to seek an easy process for obtaining it. "I believed (he says) it would be useful to human nature to publish the process of which I avail myself in the daily operations of my laboratory, in the hope that publicity may extend the employment of lactate of iron, by presenting to all pharmacians the means of procuring it in large quantity."

The following is the process by which it may be prepared:—Whey, deprived of its cheesy matter, is placed in a stove and left to ferment, during fifteen or twenty days, at a temperature of about 90° Fahr. After some time, a thick layer of fatty and caseous matter covers the liquor which has now acquired a remarkable degree of acidity easily distinguishable, on the tongue, from all other acids whether vegetable or mineral. This layer being removed by a skimmer, the liquor, without being filtered, is to be reduced by evaporation to a third or fourth of its volume. It is then to be decanted and filtered. The yellowish, limpid liquor thus obtained, is to be treated with an excess of lime water, which produces a precipitation consisting, for the most part, of phosphate of lime.

The liquor, when filtered, holds in solution lactate of lime: the lime is to be precipitated from it by oxalic acid; the lactic acid is thus liberated in the solution, and the whole is to be evaporated nearly to a syrupy consistence.

This syrupy matter is to be treated with alcohol which occasions a new precipitation, but dissolves the acid. By distillation at a gentle heat, the lactic acid may be obtained pure.

The lactic acid thus procured is transparent, and has a slight tinge of yellow. To form the lactate of iron, it is sufficient to place this acid in contact with bright iron filings, both contained in a flask placed on a sandbath. An enormous quantity of hydrogen is extricated. In six or seven hours the liquor, being boiled for a few minutes, is to be filtered. On cooling, it deposits an abundance of fine needles of protolactate of iron, which, when washed with boiling alcohol, become brilliantly white.

The crystals of protolactate are little alterable in the air. Dissolved in water, the salt easily peroxidizes itself; and this solution, when evaporated, affords a brown syrupy liquid, which crystallizes with the greatest difficulty.

It is not easy to obtain this salt in large crystals: mine appears to the unassisted eye like a whitish powder; but under a powerful magnifier, the crystalline structure is discoverable. Its taste, at first weak, soon diffuses over the mouth an impression of powerful astringency, without being disagreeable. It may be prescribed in powder, as it scarcely alters in the air. Pills are also a convenient formula, as the salt



forms a good mass with mucilage of gum-arabic. Solution is not advisable, for the constitution of the salt is altered by the absorption of oxygen: hence, when it is prescribed in powders, each dose must be mixed with the liquid vehicle only when it is about to be used, and when mixed, it should be swallowed forthwith. The dose should at first be three grains, if for an adult.

It may be mixed with sugar, and formed with mucilage into lozenges. This form of exhibition will be found convenient in many cases, but in none more so than when it is employed as a substitute for an astringent gargle, especially if the part affected be so far down as to be with difficulty reached by an ordinary gargle. The lozenge being allowed to dissolve slowly in the mouth, will be sure to act on the required surface.

The protolactate of iron is now much used in Paris, and as regards taste, power, and convenience of exhibition, it seems to be the best of all those chalybeates that are used at the minimum of oxidation.

11, Clare street.

### VACCINATION.

The following is Mr. Wakley's bill to prevent inoculation for the small pox, and to extend the practice of vaccination:—

"Whereas it is expedient, and would tend greatly to promote the security and health of the public, to prevent the propagation of small pox by inoculation, and to extend the practice of vaccination: be it therefore enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the lords spiritual and temporal, and commons, in this present parliament assembled, and by the authority of the same, that whosoever shall, from and after the passing of this act, produce or attempt to produce in any person by inoculation with variolous matter, or by wilful exposure to variolous matter, or to any matter, article, or thing impregnated with variolous matter, or wilfully by any other means whatsoever, produce the disease of small pox in any person in England or Ireland, shall be guilty of a misdemeanour, and shall be liable to be proceeded against and convicted summarily in England before a justice of the peace, and in Ireland (if the offence be committed in Ireland) before the justices of the peace in petty sessions assembled, and for every such offence shall, upon conviction, be imprisoned in the common goal or house of correction, with or without hard labour as to such justice or justices shall seem meet, for any term not exceeding three months, nor less than seven days.

"And be it enacted, that from and after the passing of this act, every relieving officer or clerk of any board of guardians of any union in England or Ireland, and every overseer of any parish in England, wherein relief to the poor is not administered by guardians, is hereby directed, whenever it shall appear to him that the person on whose account any such order as is hereinafter described is demanded, has not been vaccinated, to deliver to any individual applying for the same an order, framed according to the form contained in the schedule marked (B.) hereunto annexed, for the vaccination of any person as aforesaid, being then resident in the union or parish, respectively, wherein any such application is made.

"And be it enacted, that any legally-qualified medical practitioner who may by the authority of any such order successfully vaccinate any person as aforesaid, shall, on presenting the said order, within three calendar months from the date thereof, to the guardians of the union or the overseers of the parish wherein the said order was issued, be paid by the said guardians or overseers the sum stated in the schedule

marked (B.) hereunto annexed, (not less than two shillings, or more than three:) provided always, that if the said order be not presented within the period of three calendar months as aforesaid, the payment of any part of the sum mentioned therein shall not be allowed.

"And be it enacted, that the guardians of every union and the overseers of every parish, as aforesaid, are hereby empowered and directed to pay the sum mentioned in any such order aforesaid, not exceeding the amount stated in the schedule hereunto annexed, out of the monies which are in their possession from time to time, collected as rates for the relief of the poor: provided always, that no such payment shall be made to any vaccinator who is not a legally-qualified medical practitioner, nor to any person holding the office of vaccinator by virtue of an appointment from the national vaccine board.

"And be it enacted, that the guardians of any union or overseers of any parish, as aforesaid, shall, in the month of January in every year, cause to be prepared from the orders returned to them by vaccinators, a summary of the numbers of persons vaccinated, and of the ages of such persons, and of the instances in which the operation was successful; and shall forward the said summary, on or before the first day of March then next ensuing, to the office of the national vaccine board in London, or to such other place, from time to time, as one of her Majesty's principal secretaries of state may direct and appoint.

"And be it enacted, that every person who shall fraudulently apply for, obtain, deliver or sign any such order for vaccination as is hereinbefore mentioned, or shall wilfully introduce into such order any false statement, shall be guilty of a misdemeanour, and, being convicted thereof, shall be punished accordingly."

### SIR PHILIP CRAMPTON TO LORD MORPETH, ON DISPENSARIES.

LETTER OF DR. WHELAN OF GRAIG.

"The truth is, that in the country parts of Ireland, the multiplication of dispensaries has caused a competition among medical men for a mere existence, which has lowered the rate of professional remuneration far below what is due to the value of the services they perform—the labour and risk they incur in performing them—and the station they ought to hold in society."—*Sir P. Crampton's letter to Lord Morpeth.*—(Press, April 29, 1840.)

One should suppose that the above attack on the medical officers of dispensaries, would not, until now, have remained unrepelled. The supineness which has left it unnoticed so long, is much to be deplored, were it only for throwing the task of reply into such insignificant hands. I certainly should not hitherto have hesitated to record my humble protest, but it was deemed impossible, that a stigma so unjustly cast and by a person so influential should not have aroused instant indignation. An urgent sense of duty would ere now have overcome the consciousness of my own insufficiency, but that, albeit a corollary easily deducible from Sir Philip's proposition, incessant professional business, has scarcely, to the present moment, spared me an hour.

Before entering on the subject in question, one cannot avoid reflecting on that lamentable and unvarying habit that medical men have of eternally cavilling at each other. One never speaks or writes, but to find something wrong with another party in the profession. No wonder the public should be laughing at it.

It is another unfortunate circumstance, and most



contrary to all logic and philosophy, that persons who obtain eminence in any one department will be supposed to know all other things, even those they have never seen, better than persons of no distinction, who may nevertheless be continually conversant with these. For example, my Lord Morpeth would, in all likelihood, attach more weight to Sir P. Crampton's opinion on the working of dispensaries, than to that of half the dispensary men of a province, yet, the probability is, that Sir Philip was never in a country dispensary in his life, nor could name the locality of these dispensaries in any given county in Ireland.

So much in the prefatory way: now, if it can be shown that, after all, dispensaries are not too numerous, and that it is not between dispensary men that *the mere existence struggle* is carried on; and moreover, if other causes can be glanced at to which the disgraceful contest may with some shadow of reason be referrible, I think that Sir Philip ought to consider his opinion, and that he is in justice bound to correct any previous impressions he may have made, if judged to be erroneous.

Without being minutely statistical, we may pretty correctly say that each dispensary medical officer, even in those districts where dispensaries are most numerous, has in charge a population of from six to ten thousand. I know of none having less—many more than that average. Let the lowest number be taken, and will any one assert that the number of sick cases ordinarily occurring among such a population, and this the class most subject to disease, would not give full occupation to one man at all times; and during winter, when disease is most rife, much more than he can adequately perform during the short day. But when an epidemic prevails,—and what year passes without such a visitation, harassing indeed is the duty. This may be the more readily believed, when it is considered that in most cases the visitant and prescriber is also the apothecary. If farther proof be wanted, it is only necessary to glance over the case-books of the dispensaries: but if a population of six thousand be not enough for one, what reckless extravagance and folly is it not in the public services to appoint three or four surgeons, with their subordinates, to take charge of the health of six hundred or a thousand men. Or, are dispensaries to be altogether abolished, and are the unfortunate small farmers and labourers to be allowed to pine on the bed of sickness without hope, and is attendance to be a *luxury*, reserved for the exclusive enjoyment of the rich? If this be attempted—and what will not be attempted in these experimenting times?—the evil, before long, will work its own cure. Quacking will overspread the country, nor will confine its effects to the poor man's cabin. Do away with dispensaries to-morrow, and before half-a-dozen years they must be re-established. The present system, no doubt, admits of improvement—a well-regulated inspection, and a different method of support would be advisable.

It follows pretty clearly from the foregoing, that the deadly competition supposed to rage between dispensary men is merely imaginary. They mostly all have a fair share of private practice; living, as they do, seldom less than six or eight miles apart, they interfere little with each other—each is too much engaged by his public and private duties to fret at his neighbour's success. The dispensary man has his salary at his back, and the temptation cannot be so strong with him to make the competition disgraceful. But the *respectable* doctor in the country town, (and what town has not a number 3?) who has no dispensary, must often, alas! if the shilling is not to be had, take the sixpence. This is the person by whom is raised and kept up the outcry against dispensaries.

He is usually the rejected candidate of half-a-dozen elections; and after all hope has fled, dispensaries become, in his eyes, despicable, useless to the community, and degrading to the profession. He rejoices at his lucky escape from, and protests that nothing could induce him to accept, so dishonourable an appointment. Originating from such sources, information on these matters at length not unfrequently finds its way to Sir Philip Crampton's and other gentlemen's ears.

I do not think that the expectation of being appointed to a dispensary influences many postulants for medical honours: with most the choice of the profession is a kind of desperate venture—they don't know what else to do with themselves. If any anticipations of place be indulged, the army or navy is usually the haven of their hopes. If there be any acquaintance acquainted with an M.P., or if a few friends can vote at a parliamentary election, the thing is settled.

Sir Philip need not travel to “the country parts of Ireland” to seek the causes of medical degradation. They are to be found in abundance: *the schools*, the halls, the colleges, the certificates, and the diplomas, worse than the certifying. If Sir Philip would occasionally, *during the season*, drop into a *school*, at lecture hour, what food for contemplation would he not find!—*hinc illæ lacrymæ*.

Now, if Sir Philip will act an honest and just part, (and knowingly he most assuredly would act no other,) let him not be influenced by local or personal prejudices, and he must open his eyes to the real grievances of the profession; and let him use his influence, and it must be great, with men in power to have them removed. For the present, it should be a matter of duty with him to efface the wrong impression he may have made on Lord Morpeth's mind; and instead of the *there-can-be-no-manner-of-doubt-about-it*, off-handed sort of a way in which he writes the sentence at the head of this paper, he ought to say—“My dear Lord Morpeth,—The truth is, that owing to the want of legislative protection—the apothecary's apprentice and the mere quack being on a level with the man of talent, whose education cost him £500, and who possesses the most respectable qualifications; and owing to the abominable facility with which medical and surgical diplomas may be obtained from the numerous mercantile firms in the habit of selling them; a competition has arisen among medical men for a mere subsistence, which has lowered the rate of professional remuneration far below what is due to the value of the services they perform, the labour and risk they incur in performing them, and the station they ought to hold in society.”

RICHARD WHELAN.

Graig, May 22, 1840.

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#### TO THE EDITORS OF THE MEDICAL PRESS.

SIRS,—At a numerous and highly-respectable meeting of the medical profession resident in York, held on the 13th instant, the Lord Mayor in the chair, it was unanimously resolved to invite the provincial medical and surgical association to hold the meeting of 1841 in the city of York. York is remarkably well situated for a reunion of the profession, as in a few months there will be a direct railroad communication with the principal towns of the Island. London will be only nine hours distant, and Carlisle about six.

R. C.

York, June 14th, 1840.



## MEDICAL ASSOCIATION OF IRELAND.

## PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 11.—Council met

The following letter from the President was read :  
24, Rutland Square, June 11, 1840.

MY DEAR SIR,—I regret that a severe rheumatic attack prevents me from attending the meeting of council this day, at which I anticipated the pleasure of seeing Dr. Nugent, on his way from London, who, I understand by a note from Maunsell, has much information to communicate respecting the progress of reform, and of the provisions of the bill which Mr. Warburton purposes to introduce into parliament.

As this is the critical juncture when the sinews of war are most required, I shall immediately lodge as my subscription FIVE HUNDRED POUNDS in the hands of Dr. McDonnell, our excellent and unflinching treasurer, to be used as far as is necessary in advancing the great national object of medical reform. It is my intention *Deo volente*, as soon as I can make the necessary arrangements to go to London, to watch the progress of the bill, and to give such information and advice to our parliamentary advocates as may tend to forward this great measure; knowing that our opponents will be on the alert; but I fear most those false friends of reform, who now, that the measure has made such advances, will join our standard, and under the pretence of forwarding this great measure, propose such clauses as may neutralize our efforts. These are the persons, whose movements are to be closely watched.

Believe me to be, with best hopes for the success of our undertaking, your's very truly,

RICHARD CARMICHAEL.

To Dr. Jacob, &c. &c.,  
Secretary, pro tem.

It was then resolved unanimously.—That the most heartfelt thanks of the association are due to their President for this unexampled act of generosity, and that they are equally thankful for his offer of proceeding to London to attend the progress of the bill about to be introduced by Mr. Warburton.

It was also resolved that a deputation of the council do wait on Mr. Carmichael, to express to him, on behalf of the association, their deep feeling of gratitude for this additional proof of his anxious desire to forward the interests of the profession at large, and this body in particular.

MONDAY, JUNE 15.—The deputation appointed to wait on the President reported that they had presented an address to him, and received an answer, of which address and answer the following are copies:—

## ADDRESS ON BEHALF OF THE MEDICAL ASSOCIATION OF IRELAND,

Presented by the Council to their President, RICHARD CARMICHAEL, Esq., M.R.I.A., corresponding member of the Royal Academy of Medicine of France, Consulting Surgeon of the Richmond Surgical Hospital, &c. &c.

SIR,—In obedience to the directions of the Council representing the Medical Association of Ireland, we, a deputation discharging a duty most agreeable to us, have to offer on behalf of that body, their most heartfelt thanks for your munificent and unexampled subscription of five hundred pounds.

This additional instance of your generous and disinterested efforts to promote the welfare of our profession, and of your entire devotion to the cause of Medical Reform, was not necessary to prove, that in electing you their President, the Association made a choice of which they may be justly proud.

We are also directed to inform you, that the Council gladly accept your almost equally generous offer of proceeding to London as their representative, and

will avail themselves of your invaluable services, whenever circumstances call for so great a sacrifice on your part.

The trust you have reposed in the Association, by placing so large a sum at their disposal for advancing the great cause of Medical Reform, shall be discharged with the most sacred regard to its application for the attainment of that most desirable object.

JAMES O'BRIEN, Chairman.

JAMES MURRAY.

W. HARGRAVE.

R. C. WILLIAMS.

R. TUOHILL.

O'BRYEN BELLINGHAM.

HAMILTON LABATT.

FRANCIS WHITE.

CHARLES BENSON.

A. JACOB, Sec. pro tem.

J. MACDONNELL, Treasurer.

Dublin, June 15, 1840.

## ANSWER.

GENTLEMEN,—When I proffered my subscription, I never dreamed of being honoured with an address from my fellow labourers in the same field as anxious as myself to promote the welfare of our profession; and I feel from the earnestness and devotion with which you apply yourselves to the great object of medical reform, that there is not one among you who is not ready to make any sacrifice, however great, for the acquisition of so invaluable a blessing.

The very circumstance of your joining such an association in its earliest infancy, the objects of which are opposed to the sordid interests of all those who thrive on the present state of misrule, mismanagement, and debasement of our common profession, proves not only your disinterested advocacy, but your daring and moral courage in setting at defiance persons who supposed, and, perhaps, still suppose that they possess the power to crush you.

Having been in practice a greater length of time, and being longer established on this vantage ground than any of you, I may smile at the open or clandestine malice of our opponents. But you, however recent your enrolment, have evinced equal determination with a veteran like myself, and have, therefore, proved yourselves to be more devoted adherents than I have been to the great cause of medical reform.

Though our association is not more than one year in existence, it has already evinced such Herculean powers as may well bid defiance to every effort of our now impotent enemies. Even in this one year it has accomplished more for the benefit of our profession than existing colleges and corporations have achieved in a century; and I anticipate that our labours will, ere long, be crowned with victory by the bill adopting our great principles of reform, which will presently be introduced into parliament.

Our objects are neither narrow or selfish. We do not combine merely for ourselves, nor even for our own profession; but with views of far greater magnitude and importance, we combine for the benefit of the entire empire. There is no portion of the British community—no region, however distant, under British sway, that will not be benefitted for ages to come by our triumph in this struggle. But our own country will, in particular, feel the benefits of this most desirable regeneration; for by it not only a supply of highly-qualified practitioners will be furnished for the wants of the public—wants of the most vital and momentous character—but a class of well-educated gentlemen, of liberal principles, more free than the generality of mankind from party and sectarian prejudices, will be scattered over the face of the country, who cannot fail by their intercourse with the people in their domiciliary visits, to impart a por-



tion of the information and principles which they possess, and thus favour in the highest degree the improvement of the moral and social condition of the people of Ireland.

RICHARD CARMICHAEL.

It was then resolved that these proceedings shall be published in the next number of the MEDICAL PRESS, and subsequently in the Dublin newspapers.

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 17, 1840.

### THE VACCINATION BILL.

IN our last, we mentioned that there were two bills before parliament for extending the practice of vaccination, and preventing the spread of small-pox. That of Lord Ellenborough, we noticed in our 65th number (April 1,) and Mr. Wakley's we print in this day's publication. In our last, we briefly pointed out the objects contemplated by these bills, and shewed how they differed in principle, and were likely to lead to different results in practice. We now entreat the members of the profession in Ireland who can think, and who dare to think, to consider these measures carefully, in order to form a proper estimate of their comparative value. First, let them consider that they, and they alone, are to distribute in this country that boon of incalculable value which the immortal Jenner bequeathed to the human race—that they and they alone are to stay that most horrible of plagues by which desolation, deformity, and death were spread over the face of the earth from the cottage to the palace. Keeping this in view, let them then, we say, maturely consider, in the first place, how this inestimable blessing is to be secured, not merely for the poor, but the whole population of Ireland, and decide which plan promises to afford greatest facilities and inducements for the attainment of the object contemplated. The people must be invited and encouraged to avail themselves of the advantage afforded them; and the medical man, who ministers to their wants in this particular, must have every inducement to discharge his duty.

As we explained in our last number the practical operation of Mr. Wakley's bill is simple and effectual. The parent is empowered to demand an order for the vaccination of her child from the poor-law guardians, which she carries to any medical man, who, having performed the operation, receives a certain sum on presenting that order to the proper authority. By Lord Ellenborough's proposed act, the poor-law guardians "shall (subject to the approbation of the poor-law commissioners,) divide each union into districts of convenient extent, and shall (subject to such approbation aforesaid,) contract with competent medical persons for the period of one year, and so, from year to year, as such contract may expire, for the vaccination of all persons who may come to such medical persons for that purpose." The

guardians shall also, "after consultation with such medical officers, appoint, and give four days notice of the appointment of such and so many convenient places and times, as to them may seem fit, at which such medical officers shall attend to vaccinate all persons who may come to them for that purpose. Provided always that not more than three calendar months shall in any case elapse between the times at which such medical officers shall so attend." The following will, probably, be the operation of this bill in Ireland if it pass. The guardians will, once in the quarter, post up a notice stating, that within four days, the doctor will attend, in a certain place, to vaccinate the children, which notice will neither be seen or read by one in fifty of the people; or, if seen or heard of, will not be attended to by any to whom the time or place may be inconvenient. The medical officer, inadequately remunerated by a paltry pittance for the discharge of an irksome duty, will make no exertion to increase the labour for which he is so badly paid, and which, under the circumstances, is not rewarded even with thanks or distinction. This bill, if passed, will at once introduce into Ireland the odious and degrading system of tender and contract, contrived more in the spirit which actuates a West Indian slave owner, than that which should govern a British gentleman. It should also be observed that Mr. Wakley's bill absolutely prohibits the practice of small-pox inoculation, while that of Lord Ellenborough permits it to be carried on without restriction or precaution by any person "*qualified by law*" to practice as a physician, or apothecary, or being a member of the Royal College of Surgeons." We are at a loss to know who is or who is not qualified "*by law*" to practice under the present admired system of medical education and government; but we are quite sure that for any effect this provision can have in preventing the diffusion of small-pox by inoculation, it might as well have been omitted. The entrusting the practice of vaccination to what are called "competent medical persons," is equally objectionable. It is hard to say what a board of poor-law guardians might define a "competent medical person" to be, within the meaning of the act.

Let the comparative merits of these two measures be what they may, they are conceived in a fair spirit of justice towards both the English and Irish practitioner. It was reserved for an Irish patriot, of somewhat unsettled political principles we admit, but returned, as far as we can learn, by a constituency professing liberal views, to wring from the hands of his countrymen the gift conceded by an English peer and commoner. Sir Robert Ferguson, the enlightened, consistent, and, at least occasionally, liberal member for Derry has, in the profundity of his wisdom, and the fullness of his generosity, thought proper to give notice, "In committee of Vaccination Bill," to propose the following clause:—

"And whereas it is the duty of the medical attendant in the dispensaries in many places in Ireland, to supply vaccination free of charge: Be it enacted that



where any union or part of an union may be within the district of any such dispensary, supported in whole or in part by any county, the medical attendant in such dispensary shall, *without any fee or salary*, attend at his dispensary, at such time as shall be fixed by the guardian of his district, for the vaccination of all persons who may come to such *medical person* for that purpose, and shall make the reports to the guardians required by this act."

We pass over the ignorance and inaccuracy displayed in this morsel of legislation in embryo, and turning round to our brethren in charge of dispensaries, we ask them, how do they like it? How do they relish this Sir Robert Ferguson's generous and considerate legislation for *medical persons*? It must be truly satisfactory to them to learn, that it being their "duty" to "*supply vaccination free of charge*," they "shall, *without any fee or salary*, attend at such times as shall be fixed by the guardians, for the vaccination of *all who may come*." We must, however, leave this economical Northern Baronet for the present, and turn to matters of more importance. This bill is to be committed on Wednesday next, and for aught we know, set down for a third reading before the profession in Ireland can be aware of its real nature. Not a moment is, therefore, to be lost in preparing petitions. Let some one medical attendant of a dispensary in each district prepare a short one, merely praying that a bill may be passed calculated to secure to the people, by the most effectual means the benefits of vaccination, and that adequate remuneration be given to medical men, in Ireland, as well as England, for carrying it into effect. Let him then procure as many signatures as possible to it, and immediately transmit it to some member who does not consider that a medical man's time, and professional skill are to be taken for the public service without payment. Should Lord Ellenborough's bill, with this amendment of Sir Robert Ferguson, pass, the tender and contract system will be introduced into Ireland, the dispensaries so far placed within the grasp of the poor-law guardians, and the Irish practitioner denied the remuneration which is provided for those of England. Let those who would avoid such an infliction, therefore, bestir themselves. We are more particularly anxious to impress this on them, because we are convinced that this is the commencement of a new system in this country, and that this proposal is part of a plan, fondly contemplated and actually concocting, to place the profession under despotic government, and to destroy its independence forever. We have our suspicions, and more than our suspicions, that this canny Northern is not merely looking to save his rack-rented property from a few additional pounds of taxation: we believe, on the contrary, that his proposal, if not directly emanating from a certain quarter in Dublin, is in conformity with the expressed sentiments of a party openly avowing a determination to put down what some are pleased to call "this agitation," and to establish what they have the presumption to designate "proper subordination to legitimate authority."

#### CURIOSITIES OF MEDICAL LITERATURE.

The following paragraph appeared in the *Standard* of Friday last, under the head, "From our own reporter."

"Several members of parliament waited on Mr. McCann, the surgeon, this morning, for the purpose of obtaining a small portion of the lock of hair, which Mr. McCann cut off Oxford's head; but they were

disappointed in obtaining any, Mr. McCann having previously given it to several distinguished patients of his."

We cannot, in sufficiently strong terms, express our disgust at the miserable prostitution of the press, evinced in the insertion of this announcement in any other shape than that of an acknowledged advertisement. That the disgraceful puff was paid for in hard cash, we can have no doubt; but why should this not have been explained by prefixing the word "advertisement," according to the usage of respectable journals in such cases?

#### PARLIAMENTARY PROCEEDINGS.

NOTICE OF MOTION.—Mr. Serjeant Talfourd, on motion for committee on poor-law amendment bill, "To provide for the appointment of a medical commissioner, and for the better administration of medical relief to the sick poor."

[We will give the proposed clauses at length in our next. The measure is of too much importance to be dealt with as a mere matter of news.—ED. M. P.]

#### ST. VINCENT'S HOSPITAL.

Dieffenbach's operation for strabismus was performed at this hospital on Monday by Mr. Ferrall. This is the first case operated on in Ireland. Mr. Ferrall divided the tendon of the rectus muscle without employing hooks to evert the eye. This simplifies the operation, and avoids injury to the sclerotic coat. The eye became immediately straight.

#### ACADEMY OF MEDICINE OF FRANCE.

26TH MAY, 1840.

M. Deguise presented to the academy, a carpenter, aged 42, who had been admitted to the hospital at Charenton, on the 10th February, 1840.

On the 10th January, 1840, while making a violent effort, he was seized with extremely acute pain in the right groin, and on applying to M. Deguise, a pulsating tumour as large as a hen's egg was detected in the affected groin, immediately below Poupart's ligament. On compressing the aorta, the pulsations ceased, and the bulk of the tumour diminished, while pressure on the femoral artery produced contrary results. The existence of an aneurism of the external iliac artery being ascertained, M. Deguise proceeded to tie that vessel on the 22d February. While cutting down on the vessel, the tumor was accidentally opened, causing a gush of blood, which was restrained by compressing the aorta. A ligature was then passed round the external iliac artery, which vessel was tortuous, and irregular in its calibre. On tying the ligature, blood issued from the wound. The aorta was again compressed, when it being found that the artery was divided by the ligature, the common iliac artery was tied, which completely arrested the flow of blood. M. Deguise, however, was apprehensive that the inferior extremity of the external iliac artery might become the seat of secondary hæmorrhage, resolved to tie the femoral artery, immediately below Poupart's ligament. Unfortunately the femoral vein lay external to the artery, and was thus wounded by the scalpel, the vein was immediately tied below the opening, and the femoral artery was then secured in the usual manner.

On the 27th, the ligature on the femoral vein came away.

April 8th.—The ligature of the common iliac was detached, as was that of the femoral artery on the 21st, towards the end of the month of April the wounds were cicatrized, and the patient was able to walk.—*Gazette Medicale de Paris*, 30th May, 1840.



## MEDICAL INTELLIGENCE.

LONDON UNIVERSITY.—From a return made to the House of Commons, it appears that in 1830 no degrees were granted, but that 22 were examined for matriculation. In 1839, 17 degrees of Bachelor of Arts were granted—9 of Bachelor of Medicine—2 of Doctor of Medicine, and 3 of Bachelor of Laws. 30 were examined for matriculation, and 26 for first examination in medicine.

## OBITUARY.

We have, with extreme regret, to announce the death of Dr. John Crampton, the Professor of Materia Medica in the School of Physic. Few men have gone through life with a more unblemished character. That first duty of a medical man, conscientious and undivided attention to the patient who employed him, he discharged in an exemplary manner—never thinking or acting from any other feeling than that of the serious responsibility he incurred. In his intercourse with his professional brethren, his conduct was honourable, considerate, and disinterested; never attempting to raise himself in the estimation of those who employed him, by depreciating those who preceded him, or vain-gloriously pretending to undeserved superiority or originality. His contributions to medical science were made in the same spirit. He aimed at nothing more than conveying the information he had to afford, and taking the amount of character to which he was legitimately entitled in return. He was, in fact, a man the profession could badly spare at the present moment, those possessing similar qualities not being very numerous.

## NORTH OF ENGLAND MEDICAL ASSOCIATION.

The Council met in Newcastle on Wednesday, when communications were read from his Grace the Duke of Northumberland, William Ord, Esq., M.P., and Richard Hodgson, Esq., M.P., from William Wood, Esq., Chairman of the Joint Committee of the Colleges of Physicians and Surgeons of Edinburgh, Drs. Barnes and Elliot of Carlisle, Dr. Johnson, of Cocker-mouth, and Mr. Gilpin of Ulverstone. The following petition was agreed upon, and has been transmitted to Lord John Russell, with a request that his lordship will present it to the House of Commons:—

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled:

"The Petition of the Council of the North of England Medical Association,

"HUMBLY SHEWETH,—That your petitioners, in common with other members of the medical profession throughout the United Kingdom, have observed, with deep regret, the unsatisfactory nature of the arrangements which have subsisted, since the passing of the Poor Law Amendment Act, for providing medical relief to the paupers comprised in the several unions throughout England and Wales.

"That in the opinion of your petitioners, the principal objections to those arrangements may be classed under the following heads:—1. The extent of the districts. 2. The mode of appointing the medical officers. 3. The qualifications of those functionaries. 4. The amount of their remuneration.

"Your petitioners would beg to represent, that, in all of these particulars, considerable changes are required, both as regards the well-being and comfort of the poor, and the interest and respectability of the medical profession.

"That the immense extent of some of the districts, and the distance at which portions of them are situated from the residence of the medical officers thereof,

render it difficult, in all cases, and in those of accident or sudden illness, impossible, for the paupers to receive timely aid, or a sufficiently speedy administration of the requisite medicines or other appliances.

"That the mode of appointing the medical officer has been productive of much dissatisfaction; and more especially does this remark apply to the method most generally adopted, and which is usually styled *the system of tender*. In illustration of the consequences of this system, your petitioners may state, that in certain localities wherein it has prevailed, the resident and experienced practitioner has refused to undertake an office, in which he knew the conditions would not enable him to do justice either to the poor or himself; and hence the appointment has devolved on young men, ignorant of the responsibilities and even of the expenses of parochial attendance, and wholly unacquainted with the habits or feelings of the poor; or, it has happened that, from fear lest a stranger should be introduced into the practices of the established medical men, duties have been undertaken which could not be adequately performed. In some cases, to effect the saving of a few pounds, a surgeon has been appointed who lived at a distance of several miles, when another, equally well-qualified, was resident in the midst of the pauper patients.

"That with respect to the qualifications of the medical attendants of the unions, your petitioners have to observe, that a very large proportion of these officers have undergone no recognised course of professional education, or any proper or satisfactory test of their fitness to discharge the important duties confided to them. It was ascertained some time since, that about half the union surgeons had received very incomplete and insufficient educations, and had been examined as to their knowledge of particular branches only of the healing art.

"That in reference to the remuneration of medical officers, your petitioners are warranted in stating, that their salaries are in general much inferior to those awarded under former systems of medical relief, while their duties have been increased; and that, in most instances those salaries have been such as to preclude the possibility of the surgeons affording an adequate supply either of medicine or of attendance. It has been shown that the average expense for medicine, &c., in 55 charitable institutions, (hospitals and dispensaries,) was 4s. 3½d. per case, while in eight counties, the average sum for each case of sickness, (as deduced from the salaries,) for drugs, leeches, journeys, and medical and surgical skill, was 3s. 3½d., while in the metropolitan districts it was 1s. 5¼d per case.

"Your petitioners beg respectfully to draw the attention of the legislature to the foregoing statements; and having reason to believe that a bill for the continuation of the Poor Law Commission is to be brought into your Honourable House by the Noble Lord the Secretary for the Colonies, they earnestly entreat that measures may be taken, either by the insertion of a clause into any Act which may be passed, or by such other mode as to the wisdom of Parliament shall seem most advisable, for giving *immediate* effect to the views respecting pauper medical relief, contained in the Report of the Poor Law Commissioners, dated Dec. 31st, 1839, and to the recommendations of the medical witnesses who were examined in reference to this subject, in the year 1838, before a Select Committee of your Honourable House.

"And your petitioners, as in duty bound, will ever pray, &c.

"Signed, on behalf of the Council,

"T. E. HEADLAM, M.D., President.

"CHARLES T. CARTER, Secretary.

"Newcastle on Tyne, June 10th, 1840."



## DEATH OF MORISON THE HYGIEIST.

The *Lancette Francaise* gives the following account of this individual:—"Morison who was originally a vintner, having collected a few crowns, undertook the cultivation of that taste for purgatives, and especially for pills, which the English have at all times displayed. The enterprise succeeded to a marvel, and thanks to his purging pills, Morison soon became possessed of an enormous fortune, (it is said he has left five or six millions of francs). After he had sufficiently purged the inhabitants of Great Britain, Morison undertook the evacuation of France. But as the sale of medicines in France is submitted to certain prohibitions, (for the most part, it is true illusory,) the English purger associated with him in his labour, a certain apothecary named Blayne. They soon quarrelled, as Blayne, dissatisfied with the pecuniary advantages of the partnership, set about making pills on his own account. Morison, grievously enraged, brought Blayne before the courts, which dismissed both parties with costs, as neither had the right of selling a secret remedy. Morison, however, having blown his trumpet, continued to receive the tribute of the purgomaniacs. He has just died in a magnificent hotel in the Rue de Rivoli, where he had reposed after his lengthened labours. In his old days, fatigued with riches, he dreamed of glory, and caused some medicaster to compose a wretched brochure, under the title of *Morisoniana*, in which he is given the most preposterous titles, as 'saviour of men,' 'prince of physicians.' This production, which is nothing but a crude compilation, from 'l'Examen des doctrines' of Broussais, is filled with all manner of calumnies against physic and physicians."

On Wednesday the 3d of June, 1840, his Excellency, the Lord Lieutenant of Ireland, with Captains Dunne and Murray, Aides-de-Camp, visited the Distillery and Chemical Machinery established by Sir James Murray, in Merrion Square, for preparing his valuable improvement of Fluid Magnesia, introduced by him into Medical Practice in 1808-9.

Two Steam Engines particularly attracted the attention of his Excellency, who expressed himself much pleased with their working efficiency, and immense condensing powers. These, with the series of Cylinders for freeing the Fluid Magnesia from Lime and Alabaster, (always contained in the crude state of the solid;) and also the new apparatus, by which the Water used for making the Solution is previously distilled, were minutely examined and highly approved of by his Lordship, and by the following, with other scientific gentlemen:—Sirs P. Crampton, and H. Marsh, Barts.; Drs. J. Crampton, Collins, Labatt, Stokes, Croker, Evory Kennedy, O'Grady, Beatty, Corrigan; and also Drs. Barker and Apjohn, (Professors of Chemistry;) with Surgeons Kirby, Carmichael, Jacob, M. Colles, O'Beirne, White, Cusack, and Adams, President of the Royal College of Surgeons, &c. &c.

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KEPT IN THE COURT YARD OF THE ROYAL COLLEGE  
OF SURGEONS, DUBLIN.

	1840.	Max. T	Min. T.	Barom	Rain.
Sunday	June 7,	61.5	51.5	29.860	.095
Monday	8th,	70.5	53.5	29.820	
Tuesday	9th,	59	52	29.880	.100
Wednesday	10th,	67.5	50.5	30.030	.005
Thursday	11th,	67.5	54.5	30.000	
Friday	12th,	70	55	29.800	.610
Saturday	13th,	73.5	51.5	30.050	.265

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Wednesday, June 17, 1840.



# DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. LXXVII.]

DUBLIN, WEDNESDAY, JUNE 24, 1840.

{ PRICE SIXPENCE,  
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## RICHMOND SURGICAL HOSPITAL.

CLINICAL LECTURES BY MR. CARMICHAEL.  
LECTURE XIV.—DISEASES MOST LIABLE TO BE CON-  
FOUNDED WITH VENEREAL.

1st. *Scrophulous affections of the nose, throat and bones.*  
2d. *The sores of Scotland, and radesyge of Norway.* 3d. *The button-sore of Ireland.* 4th. *The glands of the throat.* 5th. *The glands in the human species.* 6th. *Phlegmonous and erysipelatos inflammation of the organs of generation.* 7th. *Ulcus erraticum of the groins and pubes.* 8th. *Herpes preputialis.*—Examination of cases in hospital, with remarks upon each.—Mr. Carmichael's priority of claims to the merit of the anti-mercurial treatment proved by reference to dates.

[REPORTED BY MR. SAMUEL GORDON.]

GENTLEMEN,—In the foregoing details of the various symptoms of the different forms of venereal, I have noticed only those which arise from the morbid poisons in question, and have intentionally avoided the mention of those which are justly attributable to other causes, distinct or combined with venereal. Thus we often meet with large collections of serous or ill-conditioned matter in patients who have at the time indubitable symptoms of a venereal virus, or the affections of the throat and nose may be somewhat different from those described as venereal, and even eruptions may be more or less modified or changed from their usual characters. These modifications are in the majority of cases owing to mercury, or scrophula, or to both combined. If the constitution has been long harassed by long-continued and repeated courses of mercury for a form of venereal which will not yield to that remedy, and particularly if this mismanagement has occurred in a scrophulous subject, such a variety of anomalous symptoms may arise as to bid defiance to any attempt at arrangement or description. The only chance the patient, under such circumstances has of recovery is to dis-

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continue mercury altogether—to go to the country, if possible to the sea side, where he may take sarsaparilla, in conjunction with hydriodate of potash, and have the enjoyment of a generous diet, and a pure atmosphere, untainted by mercury.

We should recollect, however, that even scrophulous or highly dyspeptic patients, whose constitutions have not been disturbed by mercurial courses, are subject to ulcers of the throat and nose, and nodes of the bones, which often bear so strong a resemblance to those of a venereal poison, that nothing often but the extreme youth of the patient prevents them, in the hands of many, from being treated as venereal, and therefore doomed to undergo a mercurial course. The same obvious means of diagnosis not applying to adults has caused many an individual to lament a resemblance, which brought on him an infliction to the ruin of a constitution requiring the aid of invigorating, instead of the most debilitating of medicines. The history of the case—the presence or absence of symptoms decidedly venereal—and that experience which a practised eye can alone possess, will enable you to discriminate in these doubtful cases, between the one disease and the other.

Not only scrophula, but many other disorders may be caused by bad diet, and impure air, but there is one in particular common in the high northern latitudes of Europe, which bears a strong resemblance to the phagedenic venereal disease, with this exception, that not being caused by a contagious virus, it does not exhibit any primary symptoms. Callisen, in his *Systema Chirurgiæ*, terms it *Lepra Septentrionalis*, and says that it extends from Norway and Sweden, to the shores of Iceland, the Feroe Islands, and to some provinces of Scotland, where most probably it constitutes the malady termed sivvens, of which I myself have seen many instances in Glasgow, and in the north of Ireland. In none of the cases which came under my observation, could the symptoms, though strongly



resembling the secondary of the phagedenic venereal, particularly its attacks upon the nose, throat, and mouth, be traced to any primary affection. In Norway and Sweden, where the disease exhibits its greatest degree of violence, it is called radesyge. Dr. Holst, of Christiania, with whom I had the pleasure of conversing on the subject, published an account of it in 1817. He attributes the disease to the use of food of the most rancid description, consisting of salt dried beef and pork, and semi-putrid fish without any vegetables or even bread, which is so scarce in those high latitudes, that the inhabitants are often obliged to substitute for it the pulverized bones of fishes. While subsisting on this wretched diet, they live in low, damp huts, in which both air and light are carefully excluded. The mode of curing this disease is analogous to that for sea scurvy, and consists chiefly in avoiding the exciting causes, and in the use of esculent vegetables, fruits, and vegetable acids.

There is a disease peculiar to this country termed button scurvy, by the peasantry, (I believe it has not, as yet, received any scientific appellation,) the appearances of which you ought to be well acquainted with, as they might be mistaken readily for those of a venereal poison. The spots are convex, being more raised in their centre than at their circumference, and vary from the size of a silver penny to that of a shilling; exhibiting an unequal raspberry-like appearance. They are in general covered by a thick, tenacious lymph, which can with difficulty be removed. These appearances are accurately displayed in the drawings which I present to you, and from which you observe that they are thinly scattered over the surface of the body, but are more numerous on the inside of the thighs, and arms, and on the chest, near the axillæ, than on other parts. In fact, like venereal condylomata, they are more frequently found where one skin comes into contact with another than elsewhere. These spots do not arise from vesicles or pustules, but make their appearance at once in the tuberculous form. They are not preceded or accompanied by any fever or disturbance of the constitution, and I never could ascertain that they were infectious although they are thought to be so, by the country people amongst whom it is alone prevalent, for I do not recollect ever having met with it amongst the artisans of the city, or the better orders of society; and yet it is so prevalent, that we are seldom without a case or two in hospital. It may continue for months, nay years, but yields with certainty to attention, to cleanliness, regimen, the frequent use of the warm bath, and the exhibition of Plummer's pill conjoined with sarsaparilla. The spots may, however, be distinguished from venereal, by not exhibiting, at any period, the deep red or copper colour, which characterises the latter during their sealy, or declining stage; and also in not being like them, raised at their margins, but on the contrary, being elevated in their centres, and exhibiting a convex surface.

Here is a drawing of the tuberculous or declining stage of yaws, a contagious pustular disease, common amongst the African population of the West Indies. It was taken from a man, admitted, some years since, into this hospital, immediately after his arrival from a West India island. This disease, which is very tedious, is actually rendered incurable, if interfered with in its early stages by mercury, but will yield, I understand, with certainty, to cleanliness, attention to regimen, and sarsaparilla.

Here are accurate drawings of the eruption caused by the poison of glanders in man. This dreadful disease has been only detected within these few years, in human beings, but must, as long as it existed in the horse, have been occasionally communicated to our species. Like typhus fever in man, it may arise in the horse either by contagion, or by a vitiated atmosphere, impregnated with animal effluvia. Professor Coleman relates a circumstance which sufficiently proves the agency of the latter cause.—“In the expedition to Quiberon, he states, the horses had not been long on board the transports, before it became necessary to shut down the hatchways for a short time only. The consequence of this was, that some of them were suffocated, and all the rest were *either glandered or farcied*.” This dreadful malady, of which we have had several instances in this hospital, is usually communicated by the immediate inoculation of the virus from the animal into a cut or scratch on the hands of the groom. Inflammation from the inoculated spot in general extends along the line of the absorbents, and the arm sometimes swells into an erysipelatous flush, resembling that phlegmonoid tumefaction which occurs from wounds inflicted during the dissection of putrid subjects; and indeed the fever, as well as general symptoms, bear a close resemblance to the fatal disease caused by wounds in dissection. There are, however, some symptoms peculiar to glanders in man. The mucous membrane of the nose and fauces is affected in him as in the horse, indicated in the former by the snuffling and swelling of the nose, together with difficult respiration. There is also in glanders in man, this peculiar pustular eruption:—the pustules are phlyzacious, that is, each is raised upon a hard circular base, and they possess this characteristic mark, (well represented in these drawings, taken from patients in this hospital,) *of a white margin round each pustule*. These pustules all evince a gangrenous tendency from their commencement, and often become completely sphacelated before the patient dies. The greatest debility, with tendency to syncope, attends this malady from its commencement. The tongue is tremulous—the pulse is thread-like and fluttering—and low muttering delirium, with coma, closes the scene in a few days from the invasion of its terrific symptoms. This highly contagious disease is communicable from one human person to another, as is too well illustrated in the statement of the case which I hold in my hand, communicated to me by Mr. Thomas Kerns, of the county of Galway, formerly a pupil of this hospital: in which is related an instance of a father and son, who died of the disease, the latter having caught it while attending his father, who had on him at the time, a great number of pustular sores. These patients were under the immediate care of Mr. Kerns, Surgeon of the Abascragh Dispensary. I do not know to whom the profession is indebted for first detecting glanders in the human subject, but great merit is, I know, due to Dr. Elliotson, for drawing the attention of the public to it in various valuable communications which appeared in the *Lancet*, some years since.

It is not likely that the symptoms produced by the poison of glanders could be mistaken for any that follow a venereal virus; but the affection of the nose, and fauces, and the pustular eruption which attends it, induced me to notice this morbid poison as one that might possibly be confounded with the most inveterate cases of the phagedenic venereal disease, a remarkable instance of which, with an accurate drawing of the pustular eruption which it occasioned—(Fig. I. Plate III.) is given at page 219, in the second edition of my work on venereal. In this case the pustules, as strongly marked as those in distinct smallpox, spread rapidly into destructive ulcers, under



which the patient succumbed in a very short period from their commencement.

I shall now call your attention to some local complaints that may readily be confounded with those of a venereal origin. The first I shall mention are ulcers with raised or undermined edges which are occasionally met with on the groins, pubes, scrotum, and fossa of the nates. They are very obstinate, creeping on with a zig-zag appearance, (therefore, called by Mr. Evans *ulcus erraticum*.) and shew no disposition to heal for months under any treatment. In all the cases I met with, a large quantity of mercury had been used; and, certainly, the exhibition of this medicine always rendered them more inveterate.

As I have not met with any case of this description, either in private or hospital practice of late years, since the exhibition of mercury has so considerably diminished—it is not unlikely but that they are chiefly owing to this medicine. After trying a variety of measures, I found country air and sarsaparilla the best remedies; but, were cases now to occur, I should give a trial to the preparations of iodine, which I have not had an opportunity of doing since that medicine has been applied with so much success to various morbid states of the constitution.

The organs of generation are, of course, liable, in common with all parts of the body, to inflammation, both phlegmonous and erysipelatos. Phlegmonous inflammation of those organs in both sexes, no matter how excited, usually terminates in suppuration, therefore, if it does not quickly yield to the timely application of leeches, you should endeavour, by warm cataplasms and fomentations, to encourage suppuration, and, as soon as matter has formed, relieve your patient from a great deal of distress by a free opening. This is particularly required in females who are very subject to abscesses within the labia, perineum, or walls of the vagina. A particularly free opening for the discharge is required in such instances, in order to prevent the formation of sinuses in the loose cellular membrane of those parts.

Herpes preputialis is a very common affection. On the external prepuce it usually occurs in the form of a cluster of four or five vesicles, which soon scab and heal in a few days, if not irritated by the friction of the patient's clothes, or the improper application of stimulating or caustic washes. On the inner surface of the prepuce, owing perhaps to the moisture of the part, we seldom have an opportunity of seeing the vesicles, which pass into minute circular ulcers that often run into each other. All that is required to cure this trifling complaint is the prevention of irritation. When it occurs on the internal surface of the prepuce, it may be well to interpose a bit of dry lint, as the secretions of the part are in such instances usually acrimonious, and may possibly have occasioned the complaint. The diagnosis between this affection and venereal ulcers, when the former occurs on the external prepuce, is obvious—the cluster of vesicles sufficiently point out its nature. But if it has been irritated, so as to produce ulceration, or when this takes place on the internal surface of the prepuce, we must wait until time develops its true nature, before we can venture to give a decided opinion.

I shall now, gentlemen, take you through the wards and examine such patients as are at present in hospital, first premising that I have not seen one of them yet, as they are all under the care of my colleagues, who, however, usually follow the same mode of treatment that I should have pursued had they been under my immediate superintendence. But, although I have not seen these cases, I shall venture to predict, that we will find in each an illustration of the principles respecting the nature and treatment of

venereal diseases which I have endeavoured to inculcate:—

CASE 1.—George Lindley, aged 18, has an eruption of papulae in their declining or desquamating stage, of a light copperish colour, scattered over his entire body—an erythematous inflammation, but no ulceration of the fauces—the cervical glands are enlarged—some of them have suppurated—complains of pains in his shoulders, and left knee joint—appetite bad—little sleep, and night perspirations. He states that he had an ulcer on the penis, followed by a bubo in each groin, five or six months before admission—that five months after he was disordered, the eruption appeared, and that he took many boxes of pills, and rubbed in mercurial ointment which salivated him. No induration was perceptible on the site of the primary ulcer, but there was a slight mark or indentation.

The treatment, since his admission into hospital, consisted in the exhibition of the compound infusion of sarsaparilla in lime water, and of antimonial solution, which is composed of half a grain of tartarized antimony to an ounce of water. Of this the patient is desired to take half an ounce three or four times a day.

Remarks.—This is an instance of the papular venereal disease. The primary ulcer has left no induration, and we may infer from the other symptoms that it never had any. The patient took mercury to excess, so as to produce profuse salivation, and yet it did not prevent the accession of the papular eruption, for such it obviously is, although now scaly and on the wane. He has an erythematous inflammation of the fauces—but no ulceration—pains in the larger joints, and swelling of the lymphatic glands of the neck.

Now, in this case, we have an excellent illustration of the group of symptoms, which constitute the papular venereal disease. The affection of the cervical glands, it ought to be recollected, is an attendant upon all the exanthemata, and is as frequently met with it after measles, scarlatina, and small pox, as it is after the papular form of venereal disease.

With respect to treatment, sarsaparilla, antimonials, and hydriodate of potash will, in all probability, be sufficient for the cure of this form of venereal, with due attention to the general health, and care to avoid wet or cold. If the eruption and pains should linger longer than usual, then small doses of mercury, joined with antimony, such as five grains of Plummer's pill night and morning, conjoined with sarsaparilla, may be given, as the eruption is now scaly and on the wane. The exhibition of mercury for the primary symptoms would have been useless, and for the eruption not only useless, but injurious, until it had arrived at its present state of scalliness and decline.

CASE 2.—Duncan. An eruption of papulae, of recent appearance, on the face and trunk—some have acuminated heads containing matter—complains of pains in his shoulders and elbows—throat erythematous, but not ulcerated—cervical glands enlarged—states that he had a sore on the glans penis three months ago, (which has not left any induration,)—that he had a bubo in the left groin which did not suppurate, and that he took mercury but not to salivation.

Treatment while in hospital—

Solut. antim. tart.

Infus. sarsap. comp.

Mist. hydriodatis potassae.

Remarks.—This is an excellent example of the papular eruption before it becomes scaly, and it affords as striking an illustration of the group of symptoms which characterize this form of disease, as the first



case we examined. If mercury were exhibited during the present state of the eruption, it would, I make no doubt, cause it to disappear rapidly; but I am almost equally certain that it would return, after a few weeks, to the great disappointment of the patient and discomfiture of the practitioner; or, instead of the eruption, perhaps the virus lurking still in the system would display its presence by occasioning obstinate pains in the head and larger joints, which both patient and practitioner, unwilling to attribute to the true cause, might fondly suppose to arise from cold after mercury—until some papulæ of a decided venereal character, or, what is much more formidable, an attack of iritis convince both, that they have still a venereal disease, and not rheumatic pains, from cold after mercury, to contend with. The time for exhibiting this medicine with safety and effect, if it should be required, is, as mentioned and exemplified in the last case, when the eruption has desquamated, no fresh papulæ appearing, and the disease obviously on the decline.

**CASE 3.**——Keating. Discoloured blotches over his trunk and limbs, interspersed with spots covered with thin crusts; on removing which, superficial ulcers of a healthy appearance, or in a state of reparation, presented themselves. There were also spots of ulceration in the throat observable on the tonsils and velum. He stated that he had been disordered a very long period—almost a year; for which he had been admitted two or three times into hospital, each time he was discharged being apparently well, and that the only remedy employed was mercury by which he had been repeatedly salivated.

*Treatment.*—Decoction of sarsaparilla, with hydriodate of potash. Ulcers of the throat to be touched daily with the solid nitrate of silver, until they evince a healthy state of reparation.

*Remarks.*—This is obviously a different and a more severe form of disease than that affecting the two previous patients. The eruption in this case has terminated in ulcers. In the two preceding cases the spots only desquamated. There are also ulcers in the throat, which it is difficult to describe, but they are small, and exhibit rather an apthous character; while in the two preceding cases there was only an erythematous inflammation of the fauces, and no ulceration whatever. From these circumstances the disease in this individual is readily distinguished from the papular form, and it may be as easily diagnosed from the phagedenic by the appearance, of the small light crusts which cover the ulcers, as well as by the mildness of the ulcers themselves, without the appearance of a phagedenic margin. The disease, then, in this man, we may conclude, is of the pustular form, although the eruption has passed the period in which it displayed its phylzacious pustular character. In this form we frequently meet with nodes, although there are not any in the patient, and I have placed the disease between this papular and phagedenic, as neither partaking of the mildness of the one, or of the severity of the other. I have no doubt but that this man will recover under the use of sarsaparilla and hydriodate of potash, with due attention to regimen.

**CASE 4.**——Woods. Various faded copper-coloured blotches on his body and limbs. A node on each tibia, and another on the radius, all chronic and scarcely indicating any tenderness upon pressure. He complained of pains in his bones, particularly during the night. He stated that when serving with his regiment at Gibraltar, two years and a half ago, he had an ulcer on the penis, for which he was taken into hospital and severely salivated—that immediately after the salivation, an eruption broke out over his

body, which he recollects the surgeon of his regiment called rupia—that this eruption was accompanied by ulceration of his throat, and severe pains in his joints. But that for the secondary symptoms he was not again put upon mercury. That about six months before his admission into this hospital, he contracted a fresh venereal ulcer on the penis, for which he also used mercury.

*Treatment since his Admission.*—He took six grains of hydriodate of potash three times a day. No other medicine.

*Remarks.*—Without placing any reliance on the recollection of this patient, that the surgeon of his regiment named the eruption rupia, I rather think from the absence of the extensive cicatrices, which the secondary ulcers of the phagedenic disease leave behind, that the form of venereal before us is the pustular. The secondary ulcers, of which we have seen by the last case, are superficial, and only leave very small cicatrices.

It seems this man used mercury to salivation for the primary ulcer; and, as he was a soldier, we may conclude that he took it regularly, and under confinement. It did not, however, prevent the accession of constitutional symptoms, which tends to support the principle I laid down—that mercury is incapable of preventing secondary symptoms, except those which follow the true Hunterian chancre. The surgeon of his regiment seeing, I presume, that mercury could not prevent the accession of constitutional symptoms, very properly abstained from that medicine for their cure. How he treated the disease we do not know. But this man used mercury afterwards for a fresh venereal infection, while he had the constitutional symptoms of the old infection still present, and yet we find that they were not benefitted by its use. In fact this case lends its support to what I have laid down, respecting the use of mercury for the pustular venereal disease, viz., that it is only when the constitutional symptoms are on the wane, and the eruption has become scaly, that it is likely to be of service, and that before this juncture it is decidedly injurious. Since he came into this hospital, under the exhibition of the hydriodate of potash, which agrees with him well, even to the extent of ten grains three times a day, he has considerably improved. Should the nodes continue obstinate, I would blister them repeatedly, and continue the hydriodate as long as it appears to be of service. Should, however, the pains and nodes still linger, after a rational trial of these measures, I would not object then, the disease being nearly exhausted, to the exhibition of small doses of blue pill, or Plummer's pill, in conjunction with iodine, which is, no doubt, most useful in inflammatory affections of the bones or periosteum, no matter whether venereal or not.

**CASE 5.**—Thomas Tighe, aged 35.—An eruption of dark copper-coloured scaly spots over his body—these spots were not papulæ in their state of desquamation, for they exhibited the appearance of scalliness from their commencement. There is a deep excavated ulcer on each tonsil, and superficial spots of ulceration under the tongue on each side of the frenum—complains of nocturnal pains in the shafts of the long bones, and has perspiration at night. On examination, you perceive a hard knob like “a piece of cartilage under the skin,” occupying the seat of the original primary ulcer, which he stated he had contracted five months ago—that he had also buboes which disappeared and that the ulcers of his throat and eruption had occurred six weeks before his admission; also, that he had used mercury irregularly, which must be the case with every poor man (not in hospital) who has to labour for his bread.



*Remarks.*—The case before us is so forcible an illustration of all I have said respecting the scaly form of venereal disease, or true syphilis, as described by Hunter, that you might possibly imagine I purposely sought for it amongst a multitude of cases, in order to establish the truth of my views; but I can assure you, gentlemen, that I neither knew such an instance was in hospital, nor did I see it until the present time. But, although this form of disease is now seldom met with compared to what it was in Hunter's time, yet the case before us exhibits the entire group of symptoms, both primary and secondary, which characterize the disease. Thus we have before us the indurated cartilaginous-like chancre—the scaly psoriasis syphilitica—the excavated ulcers of the tonsils—and the nocturnal pains in the shafts of the long bones. Now, here is a fit case for the exhibition of mercury; and I shall venture to foretell that it will yield under a regulated course of that mineral in a most decided and satisfactory manner—and that, under the use of mercury, the constitutional symptoms will disappear long before the indurated base of the chancre; but until it is completely dispersed, I should not consider the patient free from disease.

**CASE 6.**—George Bruce.—Ulcerated bubo of the right groin, from which extends a sinus to the lowest part of the perineum, near the anus. You see he is a poor worn-out emaciated man, with quick pulse—night perspiration—total loss of sleep, and little or no appetite. He stated that about nine or ten months ago, he had an ulcer on the penis, followed by this bubo, and that for these complaints he underwent six courses of mercury, each of which caused profuse salivation; that, in fact, from the time he was disordered until his admission into the Richmond Hospital, he was, without intermission, under the influence of mercury.

*Treatment since Admission.*—Infusum sarsaparillæ comp.: mistura acidî nitrosi, and good nourishing diet. The sinus was dilated at its upper part, near the groin, but as it was found to run deeply, it was not deemed prudent to dilate the extent but successful attempts were made however to cause its contraction by injections of a strong solution of nitrate of silver, which had produced a decidedly beneficial effect, not only on the local complaint, but by removing irritation, and diminishing the quantity of discharge, on the general health of the patient.

*Remarks.*—Six full courses of mercury within nine months, and still alive to tell the story! Verily, there is no killing some people, so tenacious are they of life! No wonder this poor fellow should have a quick pulse and night perspirations, and be so emaciated as to look like a skeleton, merely covered by skin. He reminds me of a similar unfortunate who was lately brought to me for advice. His father, who accompanied him, thus pithily summed up the statement of the case:—"The doctors, Sir, say that the disease is in his bones; and sure myself don't know where else it could be, for the devil a bit of flesh they have left on him!" I trust, however, that the restorative system, so judiciously directed by my colleague, will succeed in re-establishing the health of the poor unfortunate victim before us.

**CASE 7.** — Caulfield, ætät 18.—Gonorrhœa, an ulcer on the glans penis, nearly healed—an ulcerated bubo in the left groin, and one just commencing in the right—the pulse quick, and general fever. He states that the gonorrhœa and the ulcer occurred at the same time, from the same impure connection, and that he had not used mercury.

*Treatment.*—Mistura antim. tartar.—mistura hy-

driodatis potassæ. The nitrate of silver was rubbed on the bubo of the right groin, with the view of causing its dispersion, which was attended with the desired result.

*Remarks.*—This case affords an instance of familiar occurrence, viz., the existence of a gonorrhœa virulenta, and of a mild species of primary ulcer (without induration or phagedænia) arising from the same infection. The patient is now affected with febrile symptoms, which could not be occasioned by the primary symptoms before us. I, therefore, suspect that this fever is an eruptive one, the precursor of the papular eruption which attends these primary symptoms, and which is often very acute.

**CASE 8.**—A. B.—Iritis of both eyes—papular eruption in its desquamating stage—pains in the larger joints increased at night—erithematous inflammation of the fauces. This woman states that she contracted sores and gonorrhœa a long time since, she could not say when—that these complaints were followed by the eruption and the attack in her eyes, which induced her to seek admission into the hospital.

*Treatment since Admission.*—She was quickly mercurialized, by taking two grains of calomel, combined with one-sixth of a grain of opium, every fourth hour. Leeches were applied to the temples, and extract of belladonna to the eye-lids, and she was directed to bathe the eyes frequently with a warm decoction of poppy heads.

*Remarks.*—This case illustrates the observations I made respecting iritis, viz., that it is in general met with in conjunction with the papular eruption, and the eruption in this case, it seems, was also the consequence of an infection, which produced both gonorrhœa and ulcers. The latter had healed before her admission, but we may conclude, from the circumstance of their being accompanied by gonorrhœa, and followed by the papular eruption, that they were the simple primary ulcer, without induration or phagedænia. The iritis was probably caused by cold and wet during the eruption, to which these unfortunate women are so much exposed before they seek admission into hospital. She is now recovering rapidly under the influence of mercury; but there still remains a redness deep in the sclerotic coat round the cornea, and the pupular margin of the iris is thickened and irregular. The depositions of lymph, however, which had taken place on the surface of the iris, are nearly absorbed.

Her mouth has been affected by the medicine, but it would not be prudent to allow the mercurial irritation to subside, until this circle of inflammation round the cornea disappears.

I have stated in my general observation that no matter from what cause iritis may arise, whether from a venereal virus, rheumatism, gout, or cold, together with bleeding and the antiphlogistic regimen, our great reliance is upon mercury; and it is most satisfactory to see with what rapidity the inflammation subsides, and the depositions of lymph on the iris are absorbed, as the system becomes mercurially affected. In a robust or otherwise healthy person, I always commence operations against this inflammation by a general bloodletting, which not only tends to reduce the inflammation, but facilitates the introduction of mercury into the system. This woman, however, was so much reduced by her intemperate habits, that it was not deemed prudent to have recourse to that measure, and leeches were merely applied to the temples.

The great advantages arising from the use of mercury for the cure of iritis led to its adoption in cases of membranous and parenchymatous inflammation in every part of the body. It occasionally, but not often, happens that mercury fails in stopping the progress



of iritis. In such instances, instead of vainly persisting in the use of this remedy, it would be better to exhibit spirits of turpentine, as has been recommended by Mr. Hugh Carmichael, from which, as before observed, I have often seen the most beneficial results.

CASE 9.—Charles Lawless, ætat 19.—An extensive sore on the corona glandis in a state of reparation. The greater part of the prepuce destroyed, the remainder presenting a suppurating surface, and forming a considerable tumour, lay at the under or frenal side of the penis. He stated that three weeks before his admission, he contracted the ulcer on the corona glandis; that not attending to it, but taking his usual exercise, the entire penis became inflamed, and enormously swollen, in which state he sought admission into hospital.

*Treatment since Admission.*—Bleeding, antimonials, warm fomentations, and poultices, and directions to syringe warm water between the prepuce and glans. Considerable hæmorrhage took place from the ulcer beneath the prepuce, which, however, did not prevent the inflammation from proceeding to gangrene. A black spot, about the size of sixpence, appearing on the upper part of the prepuce, it was deemed advisable to slit up the latter, in order to expose the ulcer underneath, which disclosed an extensive slough of the glans and corona. The entire was covered by an emollient poultice, under a repetition of which the sloughs separated, leaving a clear granulating surface, which is now rapidly healing; when cicatrized, the awkward tumour formed by the remainder of the prepuce, at the under part of the penis, may be removed by an operation, if it so pleases the patient.

*Remarks.*—The ulcer before us is not of the phagedænic or sloughing form of venereal. The sloughs which occurred were the consequence of the imprudence of the patient in exercising, drinking, and carousing, after he received the infection of the papular form of venereal, for such I judge the infection to have been, as there is neither a phagedænic, nor an indurated surface exposed by the separation of the sloughs in the sore before us. I regret that there are not any specimens of the phagedænic disease at present in hospital, which is a very unusual circumstance, as we are seldom without several cases of this form, in consequence of its obstinacy and long continuance.

I have now, gentlemen, concluded all the information which occurred to me as worthy of communicating to you relative to venereal diseases, and their diagnosis from those affections with which they are most liable to be confounded; but before I conclude, shall beg leave, in justice to myself, to trespass on your time a few minutes, to state some circumstances in relation to the anti-mercurial treatment, by laying before you, in chronological order, my communications from time to time to the profession respecting the present improved mode of treating venereal diseases, which will afford the best answer to those who have evinced a desire to deprive me of my just claims towards effecting that most important object.

There are two modes of assailing an individual who imagines he has made some improvement in any art or science. 1st. To shew that the supposed improvement is no improvement at all; and 2dly, that the improvement had been previously well known. I have been assailed in both these ways. I shall not now, however, stop to inquire whether the introduction of the non-mercurial treatment has or has not been of advantage; but take the opportunity of stating my claims to its early promulgation, as I find that the merit (and it is even acknowledged by the most inveterate mercurialist, that it has been of some advan-

tage) is attributed to others who certainly have not any claims which can compete with mine.

In 1810 I was appointed one of the surgeons of the Westmoreland Lock Hospital of Dublin, containing at that period near three hundred venereal patients. About this time Mr. Abernethy's work on Pseudo-Syphilitic Diseases made its appearance; and the cases adduced by that original and celebrated author, made the strongest impression on my mind. But contrary to his assertion, that the symptoms of the resembling diseases could not be distinguished by their appearance from those of syphilis, I was convinced in my mind, that if differences existed in nature, they would be manifested by a difference in the characters of the symptoms; and therefore determined upon bringing this view to the test of experiment, by making use of the extensive opportunities I possessed.

I therefore, soon after my appointment, commenced an investigation, by observing accurately the various appearances and characteristic distinctions of venereal complaints, both primary and secondary, and by treating all those cases *without* mercury which did not correspond with Hunter's description of true syphilis. The result of the investigation exceeded my warmest expectation. It proved not only that the received dogma of that day, that venereal diseases progressed without the intervention of mercury until they destroyed the patient, was without foundation; but it also demonstrated, that the great majority of those complaints could be perfectly cured in a much shorter period than is usually effected by the intervention of mercury.

In 1813 I delivered a course of lectures at the Lock Hospital, on venereal diseases, to a very numerous class, not only of pupils, but of practitioners; to whom I communicated the facts developed by my investigation, at that time scarcely credited, on account of their novelty and opposition to the received doctrines which governed the practice of medical men. The first lecture of this course, according to a printed syllabus which lies before me, was delivered on the 29th of March, 1813.

Early in 1814 was published the first edition in 4to of my work on venereal diseases, containing plates of the four great varieties of venereal eruptions.

In October, 1815, I published a paper in the *Medical and Physical Journal* (No. 200,) containing a statement of seventy cases of venereal disease treated without mercury, the majority of which were cured (as was then thought) in an incredibly short period; and their authenticity would have been doubted, had they not occurred in two public hospitals, the Lock and the Richmond, under the observation of numbers of professional men. In a note at the conclusion of the paper, the editor had the kindness to make the following flattering observation:—

“The great mass of evidence contained in seventy well-authenticated cases render unnecessary any apology for the length of Mr. Carmichael's paper, and we must impress our readers with the same sense of gratitude to the author as we have felt. Henceforth we hope to hear no more of the impossibility of finding discriminating characters in cases where the question is no less than the exhibition of a remedy which confounds all characters, and has proved destructive in many complaints which would have healed spontaneously or yielded to mild remedies. We hope also those much too general terms of *pseudo-syphilis* and *syphiloides*, which remind us of the early and more imperfect state of botany, will gradually fall into disuse, and evince an improvement in medicine by giving way to descriptive names.”

In 1818 I published a small work entitled “Observations on the Symptoms and Specific Distinctions of Venereal Diseases, interspersed with hints for the



more effectual prosecution of the present inquiry into the uses and abuses of mercury in their treatment," which I felt much pleasure in dedicating to Sir James McGrigor, Director-general of Military Hospitals. This mark of attention I conceived due to Sir James, in consequence of that exemplary and excellent officer having recommended my system of treating venereal diseases to the consideration of the surgeons of the British army, although at that period I had not the pleasure of being personally known to him.

Shortly after this last work was published, I received a very flattering letter from Sir James McGrigor, stating that he "had transmitted a copy of it to every regiment in his Majesty's service, in every quarter of the globe where British troops were stationed."

In 1825, a second edition of my first work was published, with considerable additions. I have taken the liberty of obtruding these dates upon you, because, in various publications, reviews, and public lectures, particularly those of Messrs Lawrence, Bacot, and Mayo, I find the merit of commencing the anti-mercurial investigation has been attributed, inadvertently I presume, to the late Mr. Rose, Surgeon to St. James' Infirmary, and to the Coldstream Regiment of Guards. His communication on the subject is to be found in the 8th Volume of the *Medico-Chirurgical Transactions*, and was read on the 24th of June, 1817.

A comparison of the date of his paper with my first publication of 1814, on the subject, without taking into consideration my lectures at the Lock Hospital, in 1813, needs no comment in order to settle the question of priority. Indeed, he could have no intention himself of laying any claim to it, as my publication is frequently alluded to, both in his communication to the society, and in that of Mr. Guthrie, which was read on the same night, and published in the same volume.

No doubt, from the earliest period after the introduction of mercury for the cure of venereal complaints, there arose, from time to time, a few clear-sighted individuals, who, seeing evidently the mischiefs which its indiscriminate use occasioned, doubted its claim to the character of a specific, and without deceiving themselves and others by naming the symptoms which did not yield to its influence, either syphiloidal or mercurial, they had the boldness to treat venereal cases without that mineral. But I do not know of any before myself who tried the anti-mercurial treatment on an extensive scale, such as I had the opportunity of doing in two large public hospitals, and afterwards published the result of their experiments.

Independent of the trials the anti-mercurial treatment has since had in those islands, and in the British army, it has of late years met with the most extensive experience in France, Germany, and Sweden, as may be learned by the publications of Desruelles, Cullerier, and Duvergie in France, and by those of Oppenheim, Fricke, Dietrich, Struntz, and Staberoh, in Germany. For an account of the practice of the German Physicians, the English reader is indebted to the excellent lectures of Dr. Graves, inserted in the vol. for 1838-39 of the *Medical Gazette*. The Royal Council of Health in Sweden, and many other indisputable authorities, have also published details of the success of the anti-mercurial practice, from which sources we have the most authentic information of the recovery of thousands—nay, tens of thousands of venereal patients, in the course of a very few years, without the exhibition of a single grain of the specific. Therefore, let us hear no more of the necessity of subjecting every venereal patient to a mercurial course, the indiscriminate adoption of which practice, I have no hesitation in asserting, has sent ten times greater numbers to an untimely grave than the disease it was intended to cure.

## ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

### CASE OF SUPPURATION OF THE PAROTID GLANDS IN TYPHUS FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Some time since, I sent you a case of typhus fever terminating in fatal hæmorrhage. I now send you one in which violent convulsions appeared, and favourable crisis followed on suppuration of the parotid glands.

In a disease, so protean in its shapes, as that which is emphatically termed typhus fever, it is only by accurately noting down the different phases it presents, and the practical results, that a chance is afforded of arriving at a correct prognosis.

Here the sudden increase of cerebral excitement—the indication of deposition within the cranium shewn by coma, and the sudden and favourable metastasis to the parotid glands, were very remarkable, and the consideration of what may sometimes be expected, even under circumstances the most hopeless, may, in a practical point of view, be useful.

Margaret Dwyer, aged 32, was admitted to the hospital on the 4th of April—ill of fever seven days—pulse 110—tongue foul—but little thirst—slight headache—much irritability of manner—eyes ferretty-looking—no delirium—surface of body, particularly the chest, arms, and legs, covered with brown-coloured maculæ, interspersed with petechiæ of a brighter colour.

The bowels were regularly attended to—a blister applied between the shoulders, and a free use of diluents enjoined—thus the disease progressed, until the 16th day, without any aggravation of symptoms; but, on the contrary, the maculæ and petechiæ disappeared—there was some return of appetite, and occasional refreshing sleep—the irritability of manner, and fiery appearance of the eye, still remained.

On the night of the 14th of April, she became suddenly delirious, screaming in the most fearful manner—on this followed general convulsions, which, after two hours' duration, ended in coma—the breathing became stertorous—pupils dilated, and insensible to the stimulus of light—pulse 120, labouring and compressible—power of deglutition almost gone.

Stimulating enemata were administered—blisters applied to the shaven scalp and inner parts of the legs—and sinapisms to the feet.

On the 15th, sixteen hours from the appearance of coma, the pulse was found to have fallen to 100, soft and distinct—the pupils contracted on exposure to light, and the patient could be roused to a partial consciousness—the blisters and sinapisms had acted well—a tumour, equalling in size a hen's egg, was perceived under each ear.

To these fomentations and poultices were applied.

On the 16th, the patient was perfectly conscious—the pulse had fallen to 96—the parotid tumours had increased to a frightful size—their contents extending upwards along the sides of the head, so far as the fascia of the temporal muscles would allow it, and downward beneath the angle of the jaw—deglutition very difficult—but the breathing very little impeded—free incisions were made into both tumours, and exit given to a quantity of matter of nearly a caseous consistence.

The poultices and fomentations to be continued.

On the 17th, the enlargement of the tumours was still more increased, notwithstanding that matter con-



tinued to flow from the incisions—deglutition totally impeded, and much distress in breathing—pulse 96—articulation indistinct—but the mind quite clear, as shown by the patient's signals of her wants—other incisions were made quite through the temporal fascia down to the bone—a profuse discharge of healthy pus followed—the relief was instantaneous.

On the 18th, the discharge of pus was immense, as well from the meatus auditorius, as the external incisions—swallows liquids freely, but cannot let down solids—size of tumours but little altered.

It is unnecessary to follow further the daily details of this case—suffice it to say, that the most active means were required by the administration of wine, porter, and sulphate of quinine, to combat the effects of the profuse drain on the patient's constitution; and that now, sixty-five days from her admission, she still continues in hospital merely a convalescent patient, able to take exercise by walking about, yet weak in body, but perfect in mind.

I have the honor to be, gentlemen, your obedient servant,

RICHARD LONG, M.D.,  
Arthurstown Dispensary and Fever Hospital.

TO THE MEMBERS OF THE MEDICAL ASSOCIATION OF IRELAND.

Dublin, June 3, 1840.

GENTLEMEN,—I cannot deny myself the gratification of congratulating you on the cheering aspect of your affairs, and the strength, so much greater than your most sanguine friends expected, of the position you now occupy. I have been well placed for observation, and, for the last twelve months, have been a close observer of your proceedings, and of those of your council—at first, with apprehension, then with anxiety, then hope, now changed to confidence, in the anticipation of the permanence and ultimate success of our association. The vigorous growth of your infancy has been like the “lush and lusty” vegetation of this glorious spring, and, like it, gives promise of a rich and early harvest.

The resolution of your late congress, expressly constituting your council their organ of communication with government, merits especial approbation. The confidence it reposes in them has been well earned, and, I have no doubt, they will regard it as the best reward of their assiduous labours, because it will give them added power to labour on, with effect, for the attainment of the noble ends we aim at. You cannot strengthen their hands too much, while they continue to display the industry, zeal, energy, ability, and boldness, tempered by prudence, which have eminently distinguished their first year of office.

Every medical reformer will, I think, admit, that, of the three plans of reform submitted to your consideration, that which you adopted is the best; but it is also, obviously, the most difficult of attainment. Let us then labour strenuously to secure such minor reforms, but, above all, educational reform, as may come within our reach. Every out-work carried will weaken our opponents and strengthen us, and open our way to the attainment, with greater certainty, and on an earlier day, of the ultimate object of our desires.

Another subject of congratulation is the promptitude and decision of your resolution to send, at this critical moment in our affairs, a deputation, to confer with, and communicate your views to, Mr. Warburton, and other members of parliament, who have taken interest in medical reform.

I could point to many other subjects of congratulation; but there is one, facile princeps—that is, your

unanimous declaration of independence. This is a clear indication of that resolute spirit, and that wisdom, to which ultimate defeat is unknown, and which never sheath the sword but on the evening of the day of decisive victory. You were aware, from the first, of the frank and manly refusal of the College of Physicians to unite with you; and you now know with what Punic faith the College of Surgeons extended, and still extends her right hand to you.

I rejoice to find that these events have no way dispirited you; and, that you are free from the fetters which a union with either, or both, would, inevitably, have imposed on you. I have always regarded the courtesy, with which you offered to place yourselves under the leadership of the constituted medical bodies of the country, as one of many proofs of the wisdom that has hitherto presided in your councils; and if there is among us, any one who regrets “having moved such dishes of skimmed milk to so honourable an action,” as a junction with us, let him take comfort from the reflection, that while the courtesy was due to them, and worthy of you, the refusal of their cumbrous aid was neither unlooked for, discreditable to you, nor disadvantageous. I was happy to hear, at your late congress, the resolution strongly expressed, and loudly applauded, that you would place your reliance, for the future, on yourselves alone, and neither seek, nor accept, if offered hereafter, the aid you sought. A few years will shew whether or not the colleges were wise in refusing to place themselves at the head of a movement, for the elevation and improvement of their profession, and the benefit of the public, which their opposition may indeed somewhat retard, but can neither direct, controul, nor prevent. The motive alleged by the colleges, for their opposition, has hitherto been—the belief they entertained, that it was your intention and wish to swallow them up. No anti-reform spirit—no sordid and selfish views of pecuniary corporation interest, actuated them. The College of Physicians expressly and exclusively directed its opposition against the project of “a union by legal incorporation.” You have deprived these bodies of their pretext for hostility, and their members must now either enlist under our banner, (which they will not,) or cast about (which they will,) to find some new stalking-horse. Though the determination to stand alone has only now, yet at the first moment possible, received the sanction of your unanimous vote, it is well known, to both friends and enemies, that your council have been acting on that determination from the hour they ascertained, unequivocally, that the College of Surgeons, according to the negative of the resolution, still unrepealed upon their books, “were” not “willing and anxious to adopt such steps as might be considered practicable and expedient, having, for their object, the incorporation of the whole body of practitioners into a firm and powerful union.”

I point with pride to the record, in the report of your council, of what their efforts, aided by you alone, have already achieved for the promotion of the general interests of the profession, and those of society, in so far as these depend on the condition of our profession. A friendly communication has been opened, and co-operation established, with the influential bodies, in England and Scotland, embarked in the same good cause with us. Our tall ship, Medical Reform, which, a few months ago, appeared becalmed, is again under sail—the voices of the veterans in the service heard in the hearty cheers, with one cheer more, as the stout ship leans in the favourable breeze, the canvass bellies, and the foam breaks before her oaken breast; and the hand of Warburton, who has already conferred great benefits on society through us, is at the helm again. The attention of the legis-



lature and the government, both here and in England, has been repeatedly, and with effect, called to our wants, and wishes, and grievances; and, finally, the government, the authorities with whom our profession brings us in contact, and the profession itself, have been made aware of the existence, in this country, of a body, representing, by its constitution, the profession at large; eager to assert its cause; and willing to receive, with open arms, every one who has a just claim to the honourable title of a *medical gentleman*—to defend his rights—to urge the redress of his wrongs—to elevate him in the estimation of the public, by improving his profession, and rendering it capable of greater and more widely diffused services to society, without reference to the college from which he has derived his honours—the altar at which he offers up his prayers, or the party in the state under whose banner he thinks it right to be enrolled. Can it be, that there are enemies to their profession, and to the best interests of humanity, who would fain extinguish an association having such objects as these? It is too true, that there are, even amongst the élite of the profession, too many such; but, I am persuaded, the great majority of them are so from misapprehension of our motives and objects. Let us continue to act steadily under the influence of the one, and in pursuit of the other, and, in the course of a few years, if not months, these men will be amongst our fastest friends. As for the rest, whose argumenta crumenâ we have neither the means, nor the wish, to meet—we can well afford to despise their puny and vain efforts.

Our first day has closed, with our late meeting, with happy omens. The clouds that lowered in its morning sky are dispersed, and its evening sun

“Hath made a golden set,

And, by the bright track of his fiery car,  
Gives token of a goodly day to-morrow.”

The signs of the times plainly forebode success to us, and inspirit us to new exertion. To-morrow, let us be up and doing betimes—let us emulate the ardour, the perseverance, the courage, of the past—let us avail ourselves, individually and collectively, of every proper occasion, to explain and advocate our views and motives before our brethren and the public. Thrice-armed, in the justice of our quarrel, let us advance with confidence as to the future, inspired by experience of the past.

I am, gentlemen, your very faithful servant and friend,

JOHN MACDONNELL.

#### WESTERN MEDICAL SOCIETY.

A meeting of this society was held at Kinsale, on Tuesday, the 16th instant—Dr. Corbett, of Innishannon, in the chair—it was proposed by Dr. Wood, of Bandon, (Dr. Jagoe, of Ballineen, being absent,) and seconded by Dr. Warren, of Kinsale, that Dr. Young, of Dunmanway be elected a member of this society.

Dr. Young was accordingly ballotted for and unanimously admitted.

The following resolutions, proposed by Dr. Jagoe, of Kinsale, and seconded by Dr. Wood, were unanimously adopted:—

1. That the Medical Association of Ireland, having fully evidenced, by its proceedings since its establishment, its great and sole objects to be the elevation of the profession of medicine from its present degraded situation, and the maintenance of its rightful independence—its advancement as a science—and the protection of its members—we consider it entitled to the confidence of the great body of medical practitioners throughout the kingdom; and that we do

hereby pledge ourselves, collectively and individually, to use every possible means for the promotion of those objects contemplated by the Association.

2. That we hail, with pleasure, the re-election of Richard Carmichael, Esq., as the President of the Association; beholding in him, as we do, that native genius—that philosophic research—those scientific attainments—and that fearless yet gentlemanlike independence which must excite the admiration of all—but more especially of those who know that for years he has been the consistent advocate of those opinions, promulgated by him on the 27th ultimo—his sincerity in which he has since confirmed, by the munificent donation of £500 to the Council of the Association, to enable it more fully to carry out the objects in view.

It was proposed by Dr. Warren, of Kinsale, seconded by Dr. Ffolliott, jun., of Clonakilty—

That, with feelings of grateful respect, we acknowledge our obligations to Dr. Jagoe, of Kinsale, for his unswerving attachment to the great interests of our profession, and his kind services, so adequately performed, and gratuitously bestowed, as our representative at the last General Meeting of the Medical Association.

It was proposed by Dr. Wood, seconded by Dr. Bishopp, of Kinsale—

That we have heard with heartfelt satisfaction, the interesting account of the advancement of Medical Reform, and of the adhesion of several of the most influential and talented members of both Houses of Parliament to this great cause, as detailed this day to the society, by Dr. Nugent; and that we return him our warmest thanks for those unwearied exertions which have so completely identified him with Medical Reform, and his disinterested devotion to the interests of our profession.

It was proposed by Dr. Jagoe, and seconded by Dr. Hare—

That the name of Samuel Wood, A.M., M.B., be returned to the Central Council, as district secretary for the West Riding of this county, and for the Barony of Kinsale.

It was also resolved—

That the district secretary be requested to forward the names and subscriptions of the following gentlemen, to the treasurer of the Medical Association:—

Dr. Warren, Kinsale.

Dr. Ffolliott, jun., Clonakilty.

Dr. Bishopp, Kinsale.

Dr. Linton, 66th regiment.

Dr. Hopkins, Hon. E. I. C. Service.

It was proposed by Dr. Nugent, and seconded by Dr. Jagoe—

That the names of Dr. Warren, and Dr. Bishopp, be forwarded to the secretary of the Medical Association, as members of the Central Council.

It was then resolved—

That Dr. Wood be requested to communicate with Dr. Lynch, the secretary of the Eastern Medical Society, suggesting a meeting of both societies at Cork, during the next assizes, and that Tuesday, the 28th of July, be proposed as the day of meeting.

In the course of the evening, several interesting cases were detailed to the society by different members, and by Dr. Linton of the 66th regiment, (visitor.)

Dr. Corbett related some curious and instructive pathological facts with regard to small-pox, now prevalent in this part of the country, and vaccination. Dr. Corbett was called upon to attend a case of small-pox which occurred in a family where there was a great number of children who had not been vaccinated. In order to secure them from infection, he



immediately vaccinated five of them. To all appearance, the vaccine vesicle formed, but on the 5th day its progress was arrested, and small-pox appeared in each. The vaccine vesicle remained stationary, till the decline of the small-pox: it then resumed its progress, and went through the different stages.

Dr. Wood related several cases of small-pox occurring in adults, who were reported to have been vaccinated during infancy, and who bore decided marks on the arm of such having been the case. In one of these cases, the efficacy of early vaccination was tested at a more mature age. In this case, too, the eruptive fever was of the most severe character, and accompanied with the most alarming and distressing symptoms. The eruption itself was very mild, and rather modified in appearance, but perfectly normal in its stages. From careful examination of the subject, Dr. Wood has been led to the conclusion that much, if not all, of the apparent insufficiency of vaccination has arisen from want of attention to the health and nature of the constitution of the subject from which the vaccine lymph is taken, and the period at which it ought to be taken. He believes it ought never to be taken later than the evening of the 7th or morning of the 8th day; and that when taken later, local effects may be produced which will deceive the practitioner, without the production of those general and constitutional results, so absolutely necessary to prevent infection from small-pox.

N.B.—In the case of triplets, related at the last meeting of the society, by Dr. Jago, of Kinsale, and published in the *MEDICAL PRESS* of May 28, the children were not born dead, as was stated in the report—two of them were alive.

#### TO THE EDITORS OF THE MEDICAL PRESS.

Gateshead, Newcastle-on-Tyne,  
Wednesday, June 10, 1840.

GENTLEMEN,—With much satisfaction I learned, by number 74 of the *MEDICAL PRESS*, that a resolution had been passed at the Irish Medical Association Anniversary Meeting, whereby the annual subscription had been reduced to *ten shillings*, the same change is projected, I believe, in the North of England Medical Reform Society—of which your correspondent has the happiness to be a member; and it would be well were the example universally followed. It may indeed be asked, *why* it was ever, even for one year, a sovereign, since it now appears so desirable to limit it to one half. The explanation is to be had partly in the fact of many members being perfectly careless and easy about the sum, partly because of those who *prudently* expend as little as possible, at all times, not having had the moral courage to object to it, but *chiefly* in this, that the society at large was taken by surprise, or rather never made rightly aware of it, until the printed resolutions were *subsequently* put into their hands—an evil that probably will be avoided at the second anniversary meeting of our association, by distributing beforehand what important resolutions the committee can previously decide upon, in a printed form, among the members;—a step fraught with advantages and possessing few and trifling, if indeed any, drawbacks. The only *principal* apparent objection to such a course being its likelihood of leading to more lengthy discussions—a less evil certainly than, as we see in the case in hand, having to cancel or modify what was unanimously passed at the very meeting immediately preceding. That associations for medical reform, like all other unions, require funds, is of course undeniable; but it is no less true that while many societies require a handsome admission fee, as a test of respectability, *we* recognise only the possession of a legal qualification to practise;

other societies again require liberal subscriptions to meet heavy expences, whereas the most of what *we* have to pay for at present, is made up of postage, printing, and advertising—the gross amount of which, divided by the number of members, would leave but a few shillings for each individual. I am thus pointed when the subject appears to have been re-canvassed and settled, because I think, and always have done, that even a *still smaller sum* than ten shillings would suffice. The desirableness of reducing the subscription to *the very lowest possible level*, seems to me to involve the dearest interests of medical reform. Let us not dwell on the variety of income among medical men, in even the same large town or wealthy district; may let us also pass over the difference of districts, and point only to the cases of practitioners in villages, and country situations,—no mean proportion of the medical men of Great Britain and Ireland, and can any one say either that it is fair that *they* should pay as much as their more favoured brethren, or that it matters little whether or not we are joined by them? Rather than raise a given sum from a few members, how much better would it be to procure the same amount in smaller sums, by enrolling as nearly as possible, every member of our profession? How different would be the effect upon the public—to whom we must look for countenance and support—of seeing a pitiful minority turn out as “reformers,” or of finding the profession almost unanimous in the statements of grievances, and the proposal of remedies? Again, who can estimate the amount of mischief to the progress of reform, by excluding a number in almost every district, (especially by the exaction of a pound,) who would probably give a thousand reasons, rather than the real one, for not co-operating with us. Perhaps it may be thought that less than ten shillings could not be agreed to; that few would hold back for such a sum; that still fewer, if any, could be found unable to afford it; and that a smaller sum would positively not pay the necessary expences. In answer to these it may be urged, *first*, that the lower the sum, the more reason will there be to suppose that many had really stood aloof on account of the subscription, who were perhaps among the very last to be suspected of doing so—who were even, it may be, *professed* enemies to our cause; secondly, that slight observation will suffice to shew that, in very many country situations, the income of the practitioner is barely enough to meet his most ordinary expences; and lastly, that a scheme might be devised whereby even a five shilling subscription per annum, might be made to meet all our expences. The plan that I would suggest, and which combines to the less wealthy members of the profession, *all the reality*, and to every one the appearance of a five shilling annual payment, with, to our several treasurers and auditors of accounts, all the substantial advantages of even the sovereign subscription, is simply, after reducing the annual demands of the numerous societies for medical reform, now existing in England, Ireland, and Scotland, to the same five shilling level, to encourage each member to join as many of them as he can, or for each society to barter with its fellows for so many subscriptions in exchange; in this way surely, the sticklers for “a respectable sum,” and the soi-disant “devotees to medical reform,” *might* find ample means—even *more ample* than by the annual subscription of a pound—to gratify their caprice, or zeal, as the case may be.

Fearing, lest I have overtaxed the columns of your excellent periodical, and the patience of your numerous readers, I shall conclude, by leaving my suggestions in the hands of our several councils, and believe me, Gentlemen, ever yours truly,

MEDICUS.



MEDICAL INTELLIGENCE.

HOUSE OF COMMONS—JUNE 15.

Mr. Mackinnon presented a petition from a number of medical practitioners of the metropolis, praying for medical reform.

Mr. French presented a petition from medical practitioners in the county of Down, praying for medical reform.

The Attorney-General said that he had a petition to the same effect from a number of medical practitioners in Ireland complaining, that though they had taken out their diplomas in London or Edinburgh, yet they were exposed to actions by the apothecaries for not being also members of their body.

HOUSE OF COMMONS—JUNE 17.

Mr. Lucas presented a petition from the medical practitioners at Monaghan, praying for medical reform.

Mr. F. French presented a petition from Dr. Atkinson, of Drogheda, praying the house to adopt some measures to put a stop to the legal proceedings of the Apothecaries Company of Ireland against surgeons for practising as apothecaries.

Also a petition from the medical practitioners of St. Margaret's and St. John's, Westminster, in favour of medical reform.

Mr. Wakley presented a petition from the British Medical Association, praying that vaccination might not be placed under the controul of the Poor-Law Commissioners; and that the small-pox prevention bill might be passed into a law.

The Honourable Member presented petitions to the same effect from Manchester, Stowmarket, Brentford, Bishop's Stortford, and a place in Yorkshire.

It appears from a communication made by the poor law commissioners to Mr. Hayes, a guardian of the Cork union, that Mr. Phelan is shortly to commence an inspection of the medical institutions of that city.

HOUSE OF COMMONS.

NOTICE OF MOTION.

MR. SERJEANT TALFOURD.—On the motion that Mr. Speaker do leave the chair, for the house to resolve itself into committee on the poor law amendment bill, to move, that it be an instruction to the committee to provide for the appointment of a medical commissioner, and for the better administration of medical relief to the sick poor; and in committee, to move the following clauses:—

And be it further enacted, that it shall be lawful for her Majesty, her heirs and successors, by warrant under the royal sign manual, to appoint one fit person, being a physician or surgeon lawfully qualified to practise, and having been in actual practice in physic or surgery for a period of not less than five years, to be a commissioner to carry into execution the acts relating to the relief of the poor in England and Wales, in addition to the three commissioners appointed under such acts, and to be styled "the medical poor law commissioner for England and Wales;" and also from time to time, at pleasure, to remove such medical commissioner; and upon any vacancy in the office of medical commissioner; to appoint some other such person to the said office; and that the said medical commissioner shall be sworn, and his appointment notified in the manner prescribed in respect of the other poor law commissioners; and that, being so appointed and sworn, he shall attend at the meetings of the poor law com-

missioners, but shall not have any voice at such meetings except in matters concerning the medical relief of the sick poor, in which matters he shall have equal voice with such other commissioners; and all rules, orders and regulations, relating to such medical relief, shall be sealed or stamped with the common seal of the poor law commissioners, and shall have the same force and effect, and be received in evidence in like manner with other orders, rules and regulations, sealed or stamped with the said seal.

And be it enacted, that the medical commissioner, with the aid of the other poor law commissioners, shall, after the passing of this act, proceed with all convenient despatch, to take into consideration the size of every district for the administration of medical relief throughout England and Wales, to be committed to the charge of a medical officer, in order to settle the extent and boundaries thereof upon the scheme following, that is to say, that no district shall contain a larger area than twenty square miles, nor include a larger population than ten thousand persons.

That districts of greater area than twelve square miles shall not include a population of more than four thousand persons.

That districts of greater area than four square miles shall not include a larger population than five thousand persons.

That districts of greater area than one square mile shall not include a population of more than six thousand persons.

That districts of area less than one square mile may contain a population not exceeding ten thousand persons.

And that the medical commissioner shall, within three years after the passing of this act, complete the regulation of all districts throughout England and Wales, and submit the scheme thereof, specifying the extent and boundaries and population of all such districts, to one of the principal Secretaries of State:—And such scheme shall be laid before both Houses of Parliament within six weeks after the receipt of the same by such Principal Secretary of State, if Parliament be then sitting; or if Parliament be not sitting, then within six weeks after the next meeting thereof.

And be it enacted, that the medical officer of every district, shall on or before the 25th day of March in every year, after the passing of this Act, transmit to the Medical Commissioner a report of the number of persons who shall have received medical relief during the preceding year within his district, and of all matters touching the administration of medical relief within such district, which he shall deem fit to be reported:—And that the Medical Commissioner shall once in every year prepare a general report, comprising the substance of such reports, and all proceedings of the Poor Law Commissioners, in order that the same may be submitted therewith to one of the principal Secretaries of State, and laid therewith before both Houses of Parliament.

And be it further enacted, that the salary to be paid to the medical officer of every district shall be fixed and ascertained by the guardians of the poor acting for such district, before they shall advertise or otherwise publicly announce a vacancy in the office of medical officer, and shall be fixed at their discretion, subject to the revision of the Poor Law Commissioners, aided in the consideration thereof by the Medical Commissioner, so that such salary shall not in any case be less than £ per annum, nor more than £ per annum.

And be it enacted, that no person shall hereafter be eligible to receive the appointment of medical officer of any district not being duly qualified to practise as a physician, or as a surgeon and apothecary, and



having been in actual practice as a physician, or as a surgeon and apothecary, for three years, unless he shall be in actual practice as a surgeon or apothecary at the time of passing this Act :—And that the medical officer of any district shall reside within such district, and, on his removal from such district, his office shall determine.

## MEDICAL ASSOCIATION OF IRELAND.

### PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 18.—Council met.

The Secretary reported that he had this morning returned from London, where he had been incessantly engaged in the business of the Association from the moment when his examination before the Select Committee of the House of Commons was completed. During the greater part of the time he had the advantage of the able co-operation of Dr. Nugent, and, with him, had waited upon several members of the legislature and government. The matters to which the attention of the deputation had been chiefly directed, were—

1. General medical reform.
2. The payment of medical witnesses at coroners' inquests; and—
3. The payment of medical witnesses in cases of misdemeanour.

With regard to the first, the Council was already in possession of the substance of the communication made to Dr. Nugent and the Secretary by Mr. Warburton. Since that had been made public, however, the Secretary had again seen Mr. Warburton, and has every reason to fear that the state of the public business may oblige that gentleman to postpone for a short time his intention of bringing in a bill for the regulation of the medical profession.

With regard to the second and third subjects, the Secretary reported that he had waited upon Lord Morpeth and the Solicitor-General for Ireland, both of whom took a kind interest in the matter, and appeared willing to do all in their power to remedy the grievances under which the profession labours in these respects: but that they are obviously impeded in their good intentions by the opposition of some of the Irish county members, whose short-sighted economy leads them to wish to transfer the burthen of the expenses of public justice from their own properties to the pockets of the medical profession. But for the likelihood of this opposition, it is almost certain that the Solicitor-General would at once have undertaken the removal of those grievances by the introduction of a short bill, the heads of which were furnished to him by the Secretary and Dr. Nugent.

With regard to the payment at coroners' inquests, the Secretary has every reason to hope that a satisfactory clause will be introduced into a bill, for the regulation of the office of coroner, now in the hands of the Solicitor-General. On this subject, he and Dr. Nugent furnished that gentleman with several suggestions.

In conclusion, the Secretary expressed his firm conviction that it was absolutely necessary the Council should turn its attention towards procuring the means of having, during the greater part of each session of parliament, an agent in London to take charge of the affairs of the profession—that, unrepresented as they are in the legislature, this afforded the only means at present within their power of protecting their interests, and meeting such attempts to deprive them of their means of existence as that which had lately been put upon record by the honourable member for Londonderry, and which, it was much

to be regretted, was but a solitary instance of the spirit which actuates too many members of the legislature.

The following gentlemen were enrolled members of the Association :—

Lawrence O'Reilly, M.D., Ratoath.  
Andrew Dillon, M.D., Ballaghaderin.  
William Maxwell Wade, M.D., Swanlinbar.

SATURDAY, JUNE 20.—Council met.

Letters read from Drs. Cranfield, of Ennisceorthy, and Kingsley, of Roscrea.

The following gentlemen were enrolled members of the Association :—

Dr. Warren, Kinsale.  
Dr. Bishopp, Kinsale.  
Dr. Ffolliott, jun., Clonakilty.  
Dr. Linton, 66th Regiment.  
Dr. Hopkins, H. E. I. C. Service.

The name of Samuel Wood, M.B., of Bandon, having been returned as local Secretary for the West Riding of Cork, and Barony of Kinsale, he was enrolled accordingly.

Drs. Bishopp and Warren, of Kinsale, were added to the Council.

MONDAY, JUNE 22, 1840.—Council met.

Letter read from Dr. Nugent of Cork.

The following petition was ordered to be forwarded to Lord Ellenborough and Mr. Wakley, for presentation to both Houses of Parliament :

The Petition of the Council of the Medical Association of Ireland,

HUMBLY SHEWETH,—That your petitioners look with alarm upon the additional power about to be entrusted to the Poor-law Commissioners, in giving them charge of the extension of vaccination. That they conceive that board to be, in its present constitution, altogether unsuited for the administration of such power; and that your petitioners, therefore, pray, that such an alteration may be made in the provisions of the Vaccination Extension Bill, as shall remove all control in the matter from the hands of the Poor-law Commissioners.

And your petitioners will ever pray.

The following address was then agreed to, and ordered to be forwarded to the Secretary of State for the Home Department :—

TO THE QUEEN'S MOST EXCELLENT MAJESTY.

MOST GRACIOUS SOVEREIGN,—We, the President and Council of the Medical Association of Ireland, most respectfully approach your Majesty, for the purpose of offering our sincere congratulations upon your late most providential escape from the hand of an assassin, and we trust we may be permitted to take this opportunity of assuring your Majesty, that we yield to none of your subjects in loyal obedience to your government, and respectful attachment to your person.

## PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

### BATH DISTRICT BRANCH.

At the fourth sectional meeting of this association held on Thursday, the 4th inst., at the Royal Literary and Scientific Institution, the usual annual business was transacted in the appointment of officers, &c. The following address was also delivered on the occasion by W. I. Morgan, A.M., M.D., Fellow of the Royal College of Physicians of Dublin, on entering into office as President :—

After the truly respected and eminent individuals who have been my predecessors in this chair, it would



have constituted, to me, an insuperable objection to follow in their office, if my own mind were not fully assured of the following redeeming considerations, viz., First, that, however confessedly inferior in all other points, I yield to none in the earnestness of my desire to promote the end and object of this association—to advance our profession in utility and in public esteem—to insure for it that rank and station to which its benevolent, indispensable, and god-like pursuits pre-eminently entitle it—and to secure to each individual member the benefits which ought to flow to him as the lawful remuneration of his dearly acquired skill. Secondly, I feel at ease in the reflection that, although great names, great abilities, and the weight of professional rank and talent may have been necessary, at the first onset, for imparting to our society the requisite motion and impetus, yet these being once communicated, no light cause can now retard it. The richly-laden vessel demands no ordinary hand to guide her safely from her moorings till she runs her course in open sea; but that being once accomplished, a very humble mariner can hold the rudder in the prescribed direction. And, lastly, the knowledge that all the life, energy, and utility—all improvement and advance—must come from the members themselves, and that in a society composed of intellectual individuals, whose mutual well-being is the object in view, and whose own will is the supreme law, the duty of a president is rather that of a faithful servant than of a governing head. This, then, is the very position in which I would willingly be found—a faithful steward to see to the fulfilment of whatever the collective wisdom of this branch may devise as best suited to its own welfare and convenience: and if in this, or any other way, I can serve my brethren, prove my attachment to them as individuals, and my zeal for them as a body, it shall ever give me most unfeigned pleasure.

It is not my intention to introduce to you any topic which might more properly belong to the general association itself. Such observations would not only be out of place, so far as we, as a district branch, are concerned; but would also lead us aside from subjects more peculiarly our own. The general association now possesses rank, talent, character and numbers; it needs but well-directed measures and a due share of perseverance to achieve any object it may propose to accomplish. Whatever advantages it possesses—whatever good it may effect—we, as an integral part of the great whole, must be partakers of the same. But have we no individual duty to perform? Have we done what in us lies, in our collective capacity? Do we owe no duty to ourselves in availing ourselves of all the advantages of which our organization as a branch admits?

There is a peculiar difficulty in rousing the members of the medical profession to any conjoined exertion; and this is not a feature of this or that branch only—it is equally characteristic of the whole. A knowledge of the cause of this peculiarity may prove well worthy of our acquiring. It is not that medical men possess less talent for counsel, or less energy for execution. No! far from it. There is no profession in which there exists a greater abundance of scientific power and of untiring exertion. The cause lies still more remote. In the mass of our profession, taken as a whole, there are three distinct classes of individuals—viz., those who are at the height of their ambition; successful reapers of the harvest; fully engaged in public business; having nothing more to expect, nothing more to wish for, and quite too busy to attend to anything but the daily round of their professional labour—a small but highly influential class, from whom, of themselves, little can ever be expected; for, feeling no necessity for exertion, and

judging only by their personal experience, they do not generally think of employing that influence for the well-being of the profession. Secondly—Aspirants for public favour; all but at the goal; too busy, too absorbed with their own plans, their own prospects, to attend to anything else; and, lastly, the many—those who have, in truth, more leisure than they wish for; a superabundance of time to consider our need of reformation; those whom circumstances have made quick-sighted to perceive, and sensitive to feel, any practical misgovernment or legislative deficiencies in our profession. However willing they may individually be to remedy every existing evil, their power consists only in union; but union, I have already stated, is the very circumstance in which our profession is so peculiarly and lamentably deficient.

Why do I direct your attention to those facts? To induce you to notice and embrace the present favourable position in which, as individuals, we stand. We possess, at this moment, a most potent engine, if put into operation, for the advancement of our profession, and the security of our individual interests. There never was a period at which such a bond of union existed in the profession, free from all objection—above the very suspicion of anything selfish, sinister, or exclusive; in which we had a centre, around which all ranks, grades, and capacities could rally and meet as brethren; to which each could add his portion of information, counsel, respectability, influence and talents, and by which the opportunity might be afforded for cultivating that mutual acquaintance, good feeling, respect, and unanimity, which alone can cement the whole, and turn to the best account all those valuable qualities, which, if separated, are of no profit to us as a body, and may, perhaps, by injudicious or perverted application, become detrimental to us both collectively and individually.

The motto of the enemy ever has been "*Divide et Impera.*"—Allow but the apex of the wedge the smallest lodgment, then confusion and every evil work will follow. The bundle of sticks could resist all violence—each single twig was helpless and unresisting. It was not because the right of private judgment existed in our profession that we were so prone to divisions, and so exposed to their consequences; for the same exists in other bodies also, who still maintain their corporate rights and their separate interests. It was not because very different grades of intellect and measures of acquirements are to be found among us, for the same exists in the members of other professions also; it evidently arose from this fact, that, hitherto, we possessed no sufficiently comprehensive centre and bond of union.

This we now possess in the Provincial Medical and Surgical Association—a society based on principles sufficiently extensive to embrace every regularly educated medical man—sufficiently liberal as to avoid all causes of collision—sufficiently defined to preserve us from wandering from subjects not strictly professional. It only remains now that we use these advantages. I admit that one chief object of the society is legislative reform in medicine; and a chief object of the reform sought for is, to afford to our successors the advantages of a fixed standard of education—a uniformity in the requirements from the medical student, and an equality of rank when he is admitted to practice; and I rejoice in the prospect of measures which will remove heart burnings and contentions, by conferring upon the members of the medical profession one common stock and spirit of brotherhood—to be improved and developed afterwards according to the talents, opportunities, and necessities of the individual, or the demands of the society in which he moves. But, while we legislate, as in duty bound, for the good of posterity, for our children's children,



and for the welfare of the community in their days, do we owe no duty to ourselves? If we bequeath them wholesome laws, may we not give them also the benefit of our example? If we procure for them facilities which we had not, would it not stimulate them to increased exertion to shew them what could be done by their predecessors under such disadvantages? We need not wait for acts of parliament to enable us to reap a rich harvest of benefits from union of interest and sentiment. This is as open to us now as any law can make it. One of the wisest acts of the association was the adoption of the resolutions of the year 1837, relative to district branches, the preamble of which runs thus—"That in order to fulfil more effectually the several purposes for which the provincial association was formed, it is expedient that a still more intimate union of its members be promoted by the establishment of district branches."

But here I must be silent—for, first, the very relative position in which it has been your pleasure to place me, prohibits me from being the originator of any measures: And, secondly, I fully agree with our respected and devoted Secretary in believing, that unless there be a feeling of our wants, and a desire to remedy them; a knowledge of our advantages, and a willingness to avail ourselves of them; a determination to do our duty before we blame the remissness of others—a simultaneous movement of our whole body, or of a very considerable portion of it—it is needless for a few individuals, whatever may be their office, how great soever their zeal, to attempt the execution of measures which must not only perish abortive, but, if they perish, should necessarily add their quantum to the many discouraging incidents which have too justly thrown a damp upon professional ardour. And, yet there is a tide in the affairs of societies as well as of individuals: In my humble opinion, there is no pause—no rest in sublunary things. We are all either advancing or retrograding; and, unless we seize the happy moment to improve our opportunities and direct the current permanently onward—the ebbing tide will inevitably carry us backward, and eventually sweep us away. But, though I can originate no measures, I can read to you what has been done by others:—though I can propose no regulations for your adoption, I can submit to you a good example for imitation. It is to be found in the *Medical Gazette* of February last.

"It may not be uninteresting to our readers to mention, that a medical association, on an extensive scale, has been formed in the town of Liverpool, having for its object the advancement of medical science, and the cultivation of friendly intercourse amongst the members of the profession. A valuable medical library has existed above half a century in the town, and now contains many thousand volumes, and a medical society has also been for some years in active operation. The new institution has arisen out of these, and already numbers 130 members. A short time ago the profession came forward liberally, and erected an elegant building on ground bestowed by the corporation, containing under its roof the library, lecture and museum rooms, and a handsome room for the ordinary meetings of the association, which are held once a fortnight for carrying out the objects in view."—*Medical Gazette*, February 1840.

I adduce this example, merely because it has been committed to press as an authenticated matter of historical record. Other localities, I believe, have been equally wise in availing themselves of the additional advantages which a fuller cultivation of the opportunities and resources of district branches is capable of being made to yield: and, if I mistake not, more than one member present to day, could bear testimony to the truth of this assertion. I know of nothing but

willingness wanting on our parts to prevent us taking pattern from such good examples; but even that may prove to be not so deficient as many might be led to suppose.—*Bath Herald*.

#### TO CORRESPONDENTS.

*Communication received from Dr. Ferguson, (Mullingar).*

*Dr. Stewart's letter is unavoidably postponed until next week.*

## MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 24, 1840.

#### VACCINATION BILL.

Mr. Wakley's bill has been lost on a division by a majority of 17; and Lord Ellenborough's agreed to in committee with several amendments. Inoculation for small-pox is prohibited and made punishable as a misdemeanor. Payments are to be made to medical practitioners in proportion to the numbers vaccinated. The Poor-law Guardians in England are to contract, not with the medical officers of the unions alone, but with any other legally-qualified practitioners, and the whole arrangement is placed under the control and management of the Poor-law Commissioners. The clause enabling the Poor-law Guardians in Ireland to contract with "competent medical persons," for the vaccination of all persons who may come for that purpose, was agreed to. Thus is the tender and contract system to be introduced into Ireland, and the first step taken to place the officers of medical charities under the control of the Poor-law Guardians and Commissioners. This, taken in connection with the circumstance of these Commissioners usurping a power to regulate the medical charities, and attempting surreptitiously to appoint an inspector of hospitals in Ireland, without proper authority, fully proves that sooner or later the attempt will be made to place all these institutions under the same government. We stop not to consider the ultimate effect of this—we merely warn our readers of the probability of the occurrence, and most earnestly recommend them to apply their minds to the subject with a view to a remedy.

Perhaps the best course to pursue at present is to suggest that instead of the Poor-law tender and contract clause for Ireland, provisions should be made to enable grand juries to grant a specified sum to attendants of medical charities, who shall prove and show that a certain number of children have been vaccinated by them within a given period, and that such sum shall be increased in proportion to the number operated upon, should that exceed a specified amount. At all events, petitions should be forwarded to Lord Ellenborough, praying that the Poor-law authorities in Ireland shall not be invested with the proposed authority, and explaining that great confusion may arise from allowing them, at least for the present, to interfere with the public duties of medical men, which are now regulated by other bodies, in conformity with numerous existing statutes.

The tender regard for the honour and dignity of the profession, displayed by several members, amuses us. They would not risk the degradation of "medical persons" by encouraging them to canvass for half-crown fees; but then they would leave them to bid at the Dutch auction, which the Poor-law Guardians are to hold when the tender and contract comes to be arranged. Sorry were we to find the honourable member for Monaghan coinciding in such fallacies.



We expected more generous and enlarged views from Mr. Lucas, knowing, as we do, that he entertains just and sound notions respecting this department of the public service, and that he is not one of those Irish country gentlemen who consider that medical relief should be afforded to the poor more with regard to the tax on their acres than the wants of the sufferers. We earnestly recommend that when this gentleman returns home after the session, a deputation from the Monaghan Medical Association should wait on him and represent the evils likely to result from the introduction of the system contemplated by this bill into Ireland. We are glad to find that Sir R. Ferguson did not venture to urge his odious proposal to compel the medical attendants of dispensaries to perform the duty imposed by the bill without remuneration. We venture to take credit to ourselves for being instrumental in altering his determination in this respect by the observations we made in our last number.

#### SERGEANT TALFOURD'S PROPOSAL

##### TO ESTABLISH A MEDICAL POOR-LAW COMMISSIONER.

In this day's publication, we give, in full, the motion this gentleman proposes to make relative to the appointment of a medical poor-law commissioner. It is obvious that if any such measure be adopted in England, that a similar one will be extended to Ireland; and recent events lead us to suspect that such a course is anticipated. If such should be the case, we insist upon it that an officer entrusted with such a duty should be a person of education, enlarged views, and independent mind; and if a medical man, that he shall have been really educated as such, and not qualified for the occasion by a parchment purchased from one of the diploma shops. Neither should such a person be disabled from acting impartially by pledges and promises made to those over whom he is to preside; or committed to any political party, by acts of extreme partizanship. We utterly protest against schemes or contrivances to foist any individual into such a position by undue means, or to have the question of the expediency of the measure mixed up with personal considerations. We would strongly recommend all parties concerned, to let us have no more puffs in poor-law reports—dinners by doctors under inspection—or votes of confidence by patrons and followers. Such tactics are now well understood, and any attempt to resort to them, shall be met as it deserves.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

It will be seen from our advertising columns that this influential society will hold its eighth anniversary meeting within a very few weeks, and we trust the Irish medical profession will not be unrepresented upon that occasion. Such of our brethren as may contemplate a summer trip could not choose a more agreeable one than to Southampton—the railway, between it and London, is now open, and three short hours suffice to transport a traveller from the bustle of the metropolis to the quiet of that pleasant town and its delightful neighbourhood.

The experience of last year enables us to promise a hearty welcome and much social gratification to such of our friends as may follow our advice in this matter.

To the scientific labours of the association, we hope shortly to call the attention of our readers by a notice of the forthcoming volume of their transactions, which contains matter of special interest, especially with reference to the important subject of vaccination.

#### PHYSIC AND SURGERY.

ONE of the great objects of medical reformers has always been to remove the invidious distinction sought by interested persons to be kept up between these two members of the body of medicine. Not, indeed, to deprive any man of the eminence which the employment of his talents or industry, in a particular department, may have obtained for him; but to secure the public against those worst of evils which must result from the substitution of the exclusiveness of grade for the aristocracy of talent—to guard the community against the operation of that spirit which would attribute medical rank, not to the possession of medical knowledge, but to the wearing of a scarlet gown. The occurrence of a vacancy in the office of physician to Swift's Hospital, in this city, has suggested to us these remarks, as we see in it a good opportunity for striking an effective blow at red-gownism. We do not object to the appointment of two officers under the titles, respectively, of physician and surgeon; but we do maintain that the one should be placed upon precisely the same footing as the other, as to emolument, and also as to duties, except so far as a pure physician might feel himself incompetent to undertake the performance of manual operations. It is but justice to the late-lamented Dr. J. Crampton to say that, as physician to Swift's Hospital, he agreed to such a division of labour and remuneration as we have alluded to; and, so far as he was concerned, abolished the invidious distinction. In the Richmond District Lunatic Asylum, however, we understand a different order of things is suffered to prevail—there the physician receives £182. 10s. per annum, while the surgeon is rewarded with £50. So far also does red-gownism prevail in that establishment that, as we have been informed, the assistance of a strange physician has been frequently sought, apparently to avoid making use of the services of the able surgeon of the Asylum. Bigotry of this kind only requires to be known in order to be laughed at—a process for redressing abuses, now-a-days, probably the most effectual.

#### PROMOTIONS.

**CIVIL.**—D. J. Corrigan, M.D., has been appointed Physician to the Whitworth and Hardwicke Government Hospitals, vacant by the death of Doctor Crampton.

**MILITARY.**—1st Foot Guards—Assistant-Surgeon, Thomas G. Balfour, from the Staff, to be Assistant-Surgeon, vice William Boyes Daykin, who retires upon half-pay.

#### OBITUARY.

Suddenly, at Galway, Dr. Veitch, in the 62d year of his age, 30 of which he filled the situation of medical Superintendent to the Galway Infirmary.

At Galway, James Leith, Esq., M.D.

#### REGISTER OF THE WEATHER,

	1840.	Max. T.	Min. T.	Barom.	Rain.
Sunday	June 14,	70	55.5	29.750	.010
Monday	15th,	71	55	29.866	.035
Tuesday	16th,	67.5	54	29.622	
Wednesday	17th,	66	52	29.650	.040
Thursday	18th,	70	49	29.850	.004
Friday	19th,	68	53.5	29.730	
Saturday	20th,	69	49.5	30.168	.005

**OPERATION FOR STRABISMUS.**—Our countryman, Mr. Lucas, of London, informs us that he has been the first to perform the operation of dividing the inner rectus muscle for strabismus, in England. He has operated in seven cases, using the blunt hook for raising the muscle with great advantage.

**ERRATUM.**—The name of Dr. Phelan, of Graig, attached to his letter in our last number was incorrectly printed, "Whelan."



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PROVINCIAL MEDICAL AND SURGICAL AS-  
SOCIATION.

The EIGHTH ANNIVERSARY MEETING of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION will be held at SOUTHAMPTON, on Wednesday, July 22d, and Thursday, 23d, 1840; President—Dr. Jeffreys, of Liverpool; President Elect—Dr. Steed, of Southampton; of which further particulars will shortly appear.

CHARLES HASTINGS, M.D.  
J. P. SHEPPARD, Surgeon.

Worcester, June, 1840.

This day is published, No. I., from January to July, 1840, The RETROSPECT OF PRACTICAL MEDICINE AND SURGERY, for the year 1840; being an Analysis of the British and Foreign Medical Journals and Transactions, or a Selection of the latest Discoveries and most Practical Observations in the Practice of Medicine, Surgery, and the collateral Sciences for the past year, made chiefly with reference to the *Treatment of Disease*. By W. BRAITHWAITE, Leeds, Member of the Royal College of Surgeons, &c.

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In announcing the completion of the third epoch of their labours, the Editors, (Professors JACOB and MAUNSELL,) desire to return their warmest thanks to their brethren in Ireland, and in the provinces of England, for the cordial and effective support rendered to them in the course of their arduous undertaking. For the generous and unsolicited patronage which they have, especially during the last six months, received from the latter country, they can never be sufficiently grateful—as the only additional guarantee they can offer of their intention to continue to pursue the course which they believe to have been the cause of this success, they now lay aside all affectation of editorial mystery, and come before the profession pledged to serve them, truly and faithfully, by the public declaration of their names.

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LAW OF MARRIAGE.

At a Meeting of Parties aggrieved by the existing restrictions upon Marriage, held at the Office of Messrs. CROWDER & MAYNARD, No. 3, Mansion-House Place, London, on Thursday, the 21st of May, a Committee, consisting of seven of the gentlemen present, was appointed (with power to add to their number,) to take the necessary steps for obtaining a repeal of the OBJECTIONABLE restrictions upon Marriage, and more particularly that *which prohibits marriage with a deceased Wife's Sister*; and it was resolved, that the objects of the Meeting should be forthwith published in such of the London and Provincial Papers as the Committee might think proper, with a view to obtain the active co-operation of all parties interested. Communications to be addressed to Messrs. Crowder and Maynard, as above.

EASTERN MEDICAL SOCIETY—COUNTY OF  
CORK.

The next MEETING of the above SOCIETY, which was to have taken place at the Hotel, Charleville, on the last Wednesday in this month, is unavoidably Postponed to the 30th instant, the last Tuesday; on which day it will be held at One o'Clock—Dinner at Five.

A full Meeting is requested.

By order, JOHN LYNCH, M.B., A.B., Sec.  
Charleville, 18th June, 1840.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.  
Wednesday, June 24, 1840.



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END OF THE THIRD VOLUME.

















